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ABSTRACT

The final report documents accomplishments of a 3 year outreach service to programs serving handicapped preschool children. The program includes four basic components: a preschool screening program, a parent initiated and maintained parent education group, an in home teaching program working with high risk or handicapped children from birth to 8 years, and outpatient evaluation and treatment of children 6 months to 8 years old. Accomplishments are discussed according to six levels: awareness, interest, evaluation, trial, adoption, and integration. Twenty appendixes constitute the bulk of the report and include sample project brochures, training agendas, and lists of speaking engagements. (CL)

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Progress Report

of

Outreach: Dissemination of Information
and Programs Developed under
First Chance Model Project
Entitled "A Comprehensive Preschool
Program for Handicapped Children
in Rural and Non-Urban Areas"

For

Period July 1, 1978 to June 30, 1979 Final Report.

Date of Report: 9-27-79
Grant #: (G 007603996)
Grantee: Southeast Mental Health and Retardation Center
108 South 8th Street
Fargo, North Dakota 58103
Project Director:. Dr. Wm. F. Hoehle, II
Submission Date: 9-27-79

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE OFFICE OF EDUCATION WASHINGTON, D.C. 20202 PROGRAM PERFORMANCE REPORT (Discretionary Grants)	FORM APPROVED OMB NO. 51-R1091

...nts or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required ...law and regulations (45 CFR 121, GSA FMC 74-7).

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

te of Report: September 28, 1979	2. Grant Number: G 007603996
iod of Report: From: July 1, 1978	To: June 30, 1979

antee Name and Descriptive Name of Project:

Outreach: Dissemination of Information and Programs Developed under a BEH Model Program Grant entitled "A Comprehensive Preschool Program for Rural and Non-Urban Areas." (G 007603996) Continuation - Final Report.

fication: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and ...ments)* is correct and complete in all respects, except as may be specifically noted herein.

...e of Project Director(s) or Principal Investigator(s): Dr. Wm. F. Hoehle, II	Signature of Project Director(s) or Principal Investigator(s): Wm F. Hoehle II

Part II *("Accomplishment" Reporting)*

...ntees, except for those with awards under 13.443 are ...to this Section A. Grantees under 13.443 go to ...II

...s with awards under 13.444 except those sup...ly for "Outreach" activities are to follow the ...of categories listed below in presenting their ...reports. The categories are based on activities ...to all Early Childhood projects with the exception ...ose for projects solely supported for outreach

1) Direct and Supplementary Services for Children's Services
2) Parent Family Participation
3) Assessment of Child's Progress
4) Inservice Training for Project Staff
5) Training for Personnel from other Programs or Agencies
6) Demonstration and Dissemination Activities
7) Coordination with other Agencies
8) Continuation and Replication

...ant application for programs 13.445, 13.446, 13.450, 13.520 provided for the following functions or activi... categorical headings in the budget and narrative ...ents

...ch and Development — Dissemination

...ation Service — Preservice/Inservice Training

...ation

...ams 13.451, and 13.452 do not usually require a ...ort since the primary function or activity is intrinsic ...ative program

For each of the above programs, functions, or activities *(as well as those of special import for certain programs, e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration).*

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: informational materials released: reports in newspapers, maga-

Table of Contents

Page

Outline of Outreach Activities July 1, 1978-June 30, 1979. 1

Accomplishments - July 1, 1978 to June 30, 1979 4

Level I - Awareness 4

Level II - Interest 7

Level III - Evaluation 8

Level IV - Trial. 13

Levels V and VI - Adoption and Integration 13

Summary of Outreach Activities - Levels I-VI 22

Coordination with Other Agencies 23

Miscellaneous Outreach Activities 25

Continuation of Direct and Supplemental Services to Handicapped Preschool Children and Their Families 29

Final Remarks 37

APPENDICES

Outline of Outreach Activities
July 1, 1978-June 30, 1979

On July 1, 1978, the Preschool Division of the Southeast Mental Health and Retardation Center began its third year of offering outreach training and technical assistance to other programs serving handicapped preschool children. Again this year, the response has been overwhelming and the Fargo project has continued to be highly visible.

The accomplishments during this reporting period will be described in relation to Levels I-VI, delineated in the original application. The levels described in the original application are briefly described below:

Level #	Title	Purpose/Goal
I	Awareness	Dissemination - "Proclamation Effort"
II	Interest	Send more detailed information about program components and available materials.
III	Evaluation	Provide program data and more extensive information. Invite to workshop at Center. Evaluate program needs.
IV	Trial	Provide site visit and telephone support.
V	Adoption	Develop contract for training and technical assistance and provide necessary and appropriate training.
VI	Integration	Develop fading procedure giving replication site opportunity to replicate.

The basic components of the comprehensive program are:

1) The Magic Kingdom: A Preschool Screening Program

The major purpose of this preschool screening program is to provide the local communities, school districts, and parents an effective, efficient, low cost, and comprehensive screening of preschool children. The main goal is to identify children (CA: 3 to 6 years) with special needs. The screening instruments identify strengths and weaknesses in motor, visual, auditory, language, conceptual, social-emotional, and self-care functioning so that parents and care-giving service agencies can program adequately for the needs of handicapped preschoolers. This is a low cost program because parents become an integral part of the screening procedure and are trained to administer many portions of the screening instrument themselves.

2) The PACT Program

PACT was designed to nourish, preserve, and rekindle achievement-motivation, cognitive development and positive social-emotional growth of a preschool child. The program is based on a community dynamics approach involving the formation of parent groups where a Parent Initiator is recruited in each community and trained in developing and maintaining a parent group. The Parent Initiator recruits parents to come together in small informal groups where they learn about normal child development and behavior management techniques through materials which have been developed at the Center. The goal of the program is to facilitate a child's optimal growth and development.

3) The STP Program

The STP Program is an in-home teaching program that works directly in the homes of high-risk or developmentally delayed (handicapped) children from birth to eight years of age. The home trainers go into the homes and observe the children. They teach parents how to teach specific skills, how to reinforce behaviors and how to record changes. There are many advantages to teaching parents to be effective change agents in their own homes such as: the learning is occurring in the child's natural environment, there is a direct and constant access to behavior as it occurs by trained agents, and parents are provided with the skills to deal with new maladaptive behaviors if and when they occur. Experience also trains parents to be more effective parents with other children in the home setting.

4) The TETC Program

The Therapeutic Evaluation and Treatment Center forms the hub of the out-patient evaluation and treatment of children between the ages of 6 months and 8 years of age. Children are evaluated for a period of one-half day to six weeks. After a clinical staffing is done for each individual child, treatment recommendations are made and the child is referred to appropriate existing programs. Many children and their families receive individual and/or group treatment directly through the TETC component. The child functions on a day-by-day individually determined (data-based) treatment program. Objectives are set up and progress is evaluated continuously. A critical component of TETC is the parent training program. There are several training components at Southeast Mental Health and Retardation Center and the families are referred to one or more of these programs as deemed appropriate.

The accomplishments for the past year are listed on the following pages by Levels.

Accomplishments - July 1, 1978 to June 30, 1979

Level I - Awareness

A brochure describing consultation and training services through the Fargo Outreach Project has been disseminated widely with the purpose and goal of increasing the awareness of the existence of a source of aid to those persons who serve handicapped preschool children and their families. This brochure (See Appendix A) was utilized in correspondence and distributed at many local, regional, and national conferences.

During the current year, less extensive mass mailings occurred because the project has received more requests than it could fill in the past. In addition, the project is working in an ongoing manner with several sites: Fargo-West Fargo Head Start, Fargo Public Schools, Williston Head Start, etc.

As a result of distribution of the brochures, which contains a stamped, self-addressed return mailer, 40 requests for either more information, a telephone call, a site visit, etc. were indicated as levels of interest in the Fargo project. All of these requests were filled. Samples of completed return mailers are exhibited in Appendix A. The majority of professionals who indicated they needed more information, technical assistance, and/or materials were representatives of Head Start programs and public schools. Some others represented mental health clinics, nursery schools, day care centers, consumer organizations for the handicapped such as The Association for Retarded Citizens, colleges and universities, hospitals, public health nurses, and child guidance clinics.

To disseminate information about outreach training and technical assistance provided by the Project and to determine the needs and interests of programs serving young children across the State of North Dakota, a mass mailing of approximately 800 letters and questionnaires were sent in February, 1979. Asking agency/program personnel to indicate their level of interest in the

Project's program components. The letter and questionnaire are contained in Appendix A.

Sixty-five questionnaires were returned. The following data indicates the level of interest for more information, materials and training.

1. Magic Kingdom

   More information needed: 20 programs
   Materials only: 16 programs
   Training and materials: 7 programs

2. PACT

   More information needed: 19 programs
   Materials only: 15 programs
   Training and materials: 6 programs

3. PACT for Special Needs

   More information needed: 18 programs
   Materials only: 10 programs
   Training and materials: 2 programs

4. STP

   More information needed: 14 programs
   Materials only: 9 programs
   Training and materials: 2 programs

5. TETC

   More information needed: 18 programs
   Materials only: 9 programs
   Training and materials: 4 programs

6. Complete Program Replication

   Training and materials: 1 program

A projected total of 68 staff and 724 handicapped children are served by the agencies/programs returning the questionnaires.

Level I - Awareness also includes speaking engagements at various local, regional and national meetings, conferences and conventions. In total, 131 speaking engagements were made during the reporting period. Of these, 70 were local commitments, 23 others within the State of North Dakota, 24 within the Midwestern Region, 2 National-level, 3 public radio and 7 public television appearances were made by project staff. These speaking engagements are listed in Appendix T.

Noteworthy presentations included those prepared for:

- Great Plains Organization for Perinatal Care, Minneapolis, Minnesota
- State Directors of Special Education, Washington, D.C.
- American Association of Psychiatric Services for Children, Atlanta, Georgia
- Midwest Association for the Education of Young Children
- North Dakota Association for the Education of Young Children

The topics included:

- Intervention techniques for preschool handicapped children and their parents
- Services provided by Children's Services of Southeast Mental Health and Retardation Center
- Behavior Management techniques
- Effective parenting skills
- Preschool screening and identification techniques
- Self-concept of the young handicapped child
- Assessment and evaluation tools
- Individualized Education Programs (IEP's)
- Sex Education for normal and special needs children
- P.L. 94-142 and parents' rights
- Respite care
- Language development and intervention
- Emotionally disturbed/behaviorally disordered preschool children
- Observation and data collection techniques
- Curriculum development
- Advocacy
- Child development principles
- Psychopharmacological intervention

Topics of speaking engagements (continued)

- Teaching preschool handicapped children in the home
- Parent training and education
- Child Abuse
- Mental Retardation
- Autism
- Child safety
- Needs and concerns of parents of preschool handicapped children
- Developmental Disabilities
- Residential treatment of handicapped preschool children
- Mainstreaming

The total number of parents, students, paraprofessionals, and professionals known to be reached by these presentations is over 3,000. An additional, undetermined number of persons were reached via radio and television audiences.

In summary, there have been 131 speaking engagements on a large number of topics fulfilled by project staff reaching well over several thousand persons representing a wide range of backgrounds and interests, but, who all have a relationship of some kind with young children.

Level II - Interest

During the current reporting period, there has continued to be a significant number of requests for further information concerning the programs which were developed at the Fargo Project site and about the training, technical assistance and consultation capabilities. These requests were made independently of the return-mailer campaign described in Level I, and were, for the most part, a function of speaking engagements, personal contacts and second-hand, word-of-mouth efforts of those who have learned about the Fargo Project.

The total number of requests for information was 386. In most cases, a letter with the appropriate brochures and/or other materials and narrative responses were sent. In approximately 10% of the responses, a follow-up telephone call was made by the Outreach Coordinator where an interest and need for assistance were apparent.

Appendix B contains a sample cover letter, brochures which describe the preschool programs which have been developed at SEMH/RC, and the Center's Publication List which are sent to those persons indicating interest in our Center's programs and training capabilities.

Level III - Evaluation

Level III deals with workshop offerings and delivery of specific program materials to individuals who deliver or plan to engage in services to handicapped preschool children and their families and who have completed Levels I and II or who enter the system at this point.

Five regional workshops on handicapped preschool children and their families have been co-sponsored by the Center during the current reporting period. The sites of the workshops were Valley City State College, Valley City, ND (October, 1978); Bemidji State University, Bemidji, MN (November, 1978); University of North Dakota, Grand Forks, ND (January, 1979); University of South Dakota, Vermillion, SD (March, 1979); and North Dakota State University, Fargo, ND (April, 1979). The brochures for these workshops are contained in Appendix C. In addition, in conjunction with the University of North Dakota, Medical School Division of Psychiatry and Behavioral Science and various consumer groups, the Center sponsored a workshop on Psychopharmacological intervention for Hyperkinetic (attentional disorder deficits, MBD and epileptic children. The brochure for this workshop is also shown in Appendix C.

A total of 375 persons attended the six workshops. Participants, which included both preservice and inservice individuals from a variety of disciplines were encouraged to evaluate each of the workshops. Appendix D displays the summary of the evaluations completed by the participants attending one of the workshops, namely, The Third Annual Regional Conference on Early Childhood Education of the Handicapped, which was held in Fargo, North Dakota.

The data in Appendix D show that the workshop participants were generally pleased with the presentations as indicated by the mean ratings determined from the evaluations completed at this workshop. The ratings were collected on a Likert-type scale ranging from 1 to 7 with 1 indicating a low rating and 7 the highest rating.

Mean ratings of 5.8 and 5.9, which indicate a high degree of agreement, were received from the following statements, respectively, which are listed on the evaluation form: 1) What is the overall rating of this workshop? and 2) How strongly do you feel about this rating?

Similarly, positive comments were received on individual presentations. These positive ratings, combined with an average attendance per workshop of 63 persons, indicated a high rate of interest and need for this type of information to be disseminated through workshops.

Another major workshop which the Fargo Project provided was one co-sponsored by Cass County (North Dakota) Social Services (See workshop brochure in Appendix M). Project staff provided the expertise for the two-day workshop targeted at social workers and day care providers serving high risk and handicapped young children and their families. Sixty person attended.

Level III also includes the delivery of specific program materials to individuals who serve or plan to serve handicapped preschool children and their families. These items are ordered via the Center's Publication List, disseminated and/or requested at workshops and speaking engagements, requested during site visits, and disseminated during special events such as the mass screening of four-year-old children in the Spring (See Coordination with Other Agencies).

During this reporting period, 12,143 copies of materials were supplied to persons in 37 states and 3 foreign countries. The types and quantity of programmatic materials delivered, the types of individuals/agencies requesting and the number of requests per State can be found in Tables 2, 3, and 4 respectively.

There has continued to be an overwhelming increase in the dissemination of materials. The Progress Reports for the periods July 1, 1976 - June 30, 1977 and July 1, 1977 - June 30, 1978 reflect the delivery of only 491 materials and 3,874 materials respectively. The great increase from those figures to the current figure of over 12,000 copies of materials has been caused by a greater number of contacts with persons needing information and programmatic materials and the production of the Three and Four-Year-Old Brochures and the Child Insurance Prevention Brochure (Appendix E).

Table 2 lists the quantity of each type of program material. The number of Three and Four-Year-Old and Child Insurance Brochures were greater than any other type of material (See Appendix E). Brochures and Questions and Answers sheets which relate to the various program components are requested frequently as indicated by the quantities listed in Table 2. The number of requests ranged from approximately 49 to 1,446 for several different types (See Appendices A and B for display of brochures).

Other items which were distributed (requested) frequently are:

- Parental Assessment of Child Scale (153)
- TETC Skills Assessment (195)
- PACT packets (PACT-set of 8: 113); (PACT for Special Needs-set of 8: 104)
- Directory of Preschool Services (251)
- Basics of Behavior Management (150)

Table 3 shows the number of requests per state. The Project received more requests from North Dakota and Minnesota than any of the others with 728 and 395 requests respectively during the past year. The number of requests from other states and foreign countries are also shown in Table 3.

Table 2

Delivery of Programmatic Materials Upon Request

Materials Supplied	Quantity
Publications and Price List	154
Outreach Brochure	1,446
Overview	631
Child Management Brochure	49
PACT Questions and Answers	316
STP Home Teaching Program	251
TETC Questions and Answers	391
Down's Syndrome Parent Support Group Brochure	251
PACT Administrative and Procedural Manual	36
PACT Learning Pac (set of 8)	113
Learn and Earn Together Catolog	48
PACT for Special Needs Packets (set of 8)	104
Magic Kingdom Screening kit	37
Administrative and Procedural Manual	25
Parental Assessment of Child Scale	153
Self-Concept Test	51
STP/TETC Administrative and Procedural Manual	23
TETC Skills Assessment	195
Behavioral Curriculum for Teaching Coins	10
Behavioral Curriculum for Teaching Colors	15
Behavior Management Training Packets:	
-Approaches to Managing Difficult Behaviors	36
-Behavior Management Definitions	36
-Behavior Management: Antecedents, Behaviors, Consequences	36
-Behavior Management: Eliminating Undesirable Behaviors	41
-Behavior Management: Increasing Desirable Behavior	41
-Contingency Management	36
-Data Collection	43
-Entry Behaviors	36
-Imitation-Evaluation and Training	36
-Language Development I	36
-Language Development II (advanced topics)	36
-Objectivity and Subjectivity	36
-Rephrasing Instruction	36
-Scheduling Activities	36
-Verbal and Motor Imitation	36
-Response Suppression Techniques	36
The Basics of Behavior Management	150
Developmental Prototypic Assessment	104
Socio-Emotional Readiness	4
Infant Evaluation Scale (with norms)	98
Toys and Other Things for Children By Parents	91
Children and Television	8
How To Cope	49
Nurturing Creativity in Preschoolers	6
Child Insurance: Ways to Protect Your Child's Potential	902
Developmental Brochure: Your Child At Four	3,320
Developmental Brochure: Your Child At Three	2,225
Ounce of Prevention: General Developmental Expectations for Preschool	12

Table 2
Page 2

Ounce of Prevention: Speech Problems Associated with Cerebral Palsy and Other Neurologic Disabilities	10
Ounce of Prevention: Stuttering in children	28
Ounce of Prevention: Activities for Preschool Children	24
Ounce of Prevention: Language Development in Preschool Children	43
Ounce of Prevention: Articulation Disorders in Young Children	35
Behavior Rating Forms	29
Toilet Training Materials (set)	31
Preschool Services Directories	251
Miscellaneous Materials Provided By Project Staff Upon Specific Request	82
TOTAL	12,143

Table 3

Delivery of Programmatic Materials by State

States	# of requests
Alabama	4
Arizona	4
California	8
Colorado	14
Connecticut	4
Delaware	3
Florida	6
Georgia	3
Illinois	30
Indiana	5
Iowa	12
Kansas	6
Maine	2
Maryland	5
Massachusetts	6
Michigan	10
Minnesota	395
Missouri	24
Montana	6
Nebraska	12
Nevada	8
New Jersey	3
New Mexico	1
New York	5
North Carolina	6
North Dakota	728
Ohio	6
Oklahoma	9
Oregon	9
Pennyslvania	6
South Dakota	41
Texas	8
Virginia	9
Washington	8
Washington D.C.	25
West Virginia	2
Wisconsin	15
Foreign Countries	
Canada	21
England	2
Puerto Rico	3
TOTAL	1,474*

* 1 request may represent multiple copies of any given item and/or a variety of items.

Table 4 shows the delivery of programmatic materials by type of individual or agency making the request. Requests from the public schools outnumbered all other with a total of 51% of all requests. Other significant percentages include parents (11%); day care centers (7%); and Head Start (4%).

Level IV - Trial

Level IV deals with site visitations. In total, 72 persons visited the Fargo Project site in eighty-two separate visits. A detailed record of each visit with information such as the specific program component(s) which was visited what follow-up was pursued, and which individuals/programs continued on to Levels V and VI are given in Appendix F.

Of the eighty-two site visits, follow-up procedures were completed for 31 of them, which represent 37% of the site visits. In addition, 16 of the 82 visits, or 19%, have resulted in some form of additional training, technical assistance, workshop, and/or speaking engagement.

Level V and VI - Adoption and Integration

Levels V and VI involve adoption and integration of various preschool programs and their components by other agencies. Last year, the Project generated a list of all replication data from June, 1975 through June 30, 1978. This list is contained in Appendix G and has been updated for the current year's training efforts. Table 5 on the following pages indicates the additional training that occurred during the current reporting period.

Each training program which is listed has a Memorandum of Agreement associated with it. A Memorandum of Agreement is a formal contractual statement of who does what to whom and under what conditions. An example of this document is displayed in Appendix H. Below is a summary of the training data by replicated program component.

The Magic Kingdom: A Preschool Screening Program

During the current reporting period, agencies which have completed The

Table 4

Delivery of Programmatic Materials by Type of Individual/Agency Making Request

Type of Personnel/Agency	# of requests
Public Schools/Special Education/ School Psychologists	758
Parents	164
Day Care Centers	122
Head Start Programs	65
Universities/Colleges	64
Federal and State Level Departments	56
Students	51
Services to DD/Handicapped (i.e., Day Activity Centers)	48
Preschool Handicapped Programs	30
Consumer and Service Organizations (i.e., AAUW, Jr. League, AEYC)	27
Human Relations/Development Centers	25
Mental Health Centers	23
Social Services	21
Doctors/Nurses	11
Book Stores, Libraries, Resource Centers, Media	9
TOTAL	1,474*

* 1 request may represent multiple copies of any given item and/or a variety of items

Table 5

Training Conducted During Period July 1, 1978-June 30, 1979

Contracting Agency	PACT/ PACT-SN	TETC/STP	Partial TETC/STP/PACT Replications
Memorial Mental Health and Retardation Center Mandan, North Dakota	X		
Fargo-West Fargo Head Start Fargo, North Dakota	X		X
Fallon Mental Health Center Fallon, Nevada	X		
Rapid City Public Schools Rapid City, South Dakota			X
Cass County Social Services Fargo, North Dakota			X
Behavior Analysis Follow-through Program Department of Human Development University of Kansas Lawrence, Kansas			X
Bismarck Early Childhood Education Program (BECEP) Bismarck, North Dakota			X

Table 5 - Page 2

Contracting Agency	PACT/ PACT-SN	TETC/STP	Partial TETC/STP/PACT Replications
Special Education Bowbells, North Dakota Eastmont Training Center Glendive, Montana			X
Williston Head Start Williston, North Dakota			X
Turtle Mountain Head Start Belcourt, North Dakota			X
Child Center, Inc. Moorhead, Minnesota			X
Special Education New Rockford, North Dakota			X
Moorhead Public Schools Moorhead, Minnesota			X
Turtle Mountain Community School Belcourt, North Dakota		X	

Magic Kingdom Preschool Screening Training Program received follow-up technical assistance in the form of telephone consultation and provision of materials. Screening kits and components of the screening program were disseminated widely.

Follow-up was provided for the following agencies who were trained in previous years & are actively utilizing The Magic Kingdom:

- Northwest Oklahoma Education Service Center, Alva, Oklahoma (telephone contact and materials)
- Fargo-West Fargo Head Start, Fargo, North Dakota (telephone contact and materials)
- McLean County Social Services, Washburn, North Dakota (telephone contact and materials)
- Montrose Public Schools, Montrose, Colorado (telephone contact and materials)

PACT (Parents and Children Together) and PACT for Special Needs

During the current reporting period, 3 agencies received PACT and/or PACT-SN training for the purpose of replicating those programs. In the past, each replication site has served 10 - 20 parents per group. Similar program performance data have been observed with the replication sites. One major deviation was observed when Pact Dollars (token ecomomy) were not utilized by the replication site resulting in a general decrease in program performance (e.g., parent attendance and parent pre-post test performance). The efficacy of replication site performance has been reported previously in progress reports and renewal applications.

TETC (Therapeutic Evaluation and Treatment Center) and STP (Stimulating to Potential) Programs

One major and important addition to the Fargo Project's Outreach Training in 1978 was to offer a three-week intensive training program for Head Start personnel (Special Needs Coordinators and Head Teachers and pre-service teachers). The Agendas for the three-week course are displayed in Appendix I.

During that year, six (6) Head Start personnel were intensively trained to teach handicapped preschool children in a classroom setting. Training techniques including pre and post video-tapes and a bug-in-the-ear device (direct communication from trainer to trainee during practicum sessions) were used. In addition, a mental health professional received a three-week exclusively TETC training program. As a result of these two and three-week TETC practicums, 112 handicapped preschool children are being served by personnel who have increased their competencies in dealing with special children. During the current reporting period, follow-up data was collected at 6 months and 12 months for each Head Start Trainee. Appendix J contains a representative twelve-month follow-up evaluation.

A complete TETC replication was provided for Turtle Mountain Community School in Belcourt, North Dakota to assist them in an extensive evaluation (three weeks) and training for 2 staff and one parent (three days) of a severely behaviorally handicapped 5-year old boy. An extensive written evaluation and recommendations were also provided. Appendix L contains a report of progress at the end of the year for this child at this replication site.

Partial Replications of TETC/STP/PACT

Ten (10) partial replications were accomplished this year. Partial replication indicates that key components of certain programs were introduced and learned in a shorter amount of time in comparison to the three-week practicums. These are also listed in Table 5.

Extensive evaluation and programming recommendations (via video tape, site visit, and written) were provided for a 7-year old severely multiply handicapped child residing in Bowells, North Dakota and attending school at the Eastmont Training Center in Glendive, Montana. Appendix N contains a letter relating data of the progress which this child made after training and technical assistance were provided.

A significant quantity of training, technical assistance and consultation are provided for both Williston, North Dakota and Fargo-West Fargo Head Start Programs in assessment, intervention and working with the families of handicapped children.

Other partial replications included a 2-day workshop which Outreach Project staff provided for Cass County Social Services for their staff members who serve high risk and handicapped young children and their families; training for the Bismarck Early Childhood Education Program (a BEH model project and outreach site); and special educators from New Rockford, North Dakota and the surrounding area.

Home teaching (STP) training was provided to Rapid City Public Schools, Rapid City, South Dakota, who are just beginning a home teaching program for young children in their district.

In all, 3,024 handicapped children are served by the programs which received training and technical assistance during the current reporting period.

Potential TETC/STP Site Replications

As noted in previous progress reports, through ongoing interaction with the BEH training proposal entitled the Minn-Kota's Training Consortium for Severely Behaviorally Disordered Preschool Children and Their Families, a number of potential site replications are conducted for students through the course of the year. As reported under Level III, the interaction between the two programs has been quite beneficial and positive to both. As can be seen from the data in Appendix C, University participants in the Consortium helped to co-sponsor Outreach Workshops. In addition, the Universities sent 30 students this year to participate in one, three and ten-week intensive practicums. The practicum includes prepared Outreach materials and other packets which give complete information for replication of the Therapeutic Evaluation and Treatment Center, the Stimulating to Potential Home Teaching Program, and the PACT(Parents and Children Together) Program.

Appendix K represents the coalated information on 21, 3-week practicum students who received training during the current year. As can be seen from the data, participants completed 27 packets during the three-week practicum, spent a mean of 92 hours actually teaching students, and participated in lectures and workshops for a mean of 90 hours. This summary data can be derived from the tables and figures presented in Appendix K.

The self-evaluation questionnaire completed by the trainees received an overall "excellent" rating (also contained in Appendix K). Ratings on a 7-point Likert scale for such items as organization, meeting training objectives, etc., ranged from a mean score of 6 to a mean score of 6.8. These ratings again reflect a very positive evaluation of students trained.

Appendix K also shows the evaluation material for the students who went through the 10-week training program. As can be seen, 6 students participated in this extensive practicum. This training program is basically a replication of the 3-week training program in terms of the material and assignments received by the students. However, in addition, ten-week students received video-tape feedback and other forms of feedback from project staff that will aid them in self-correcting their own techniques once they enter classroom activities.

Summary data on pre-post test gains and student perceptions of the 10-week practicum are also presented in Appendix K. As can be seen from the self-evaluation questionnaire summary, the organization, objectives and so forth of the 10-week training program received a mean rating of between 5.6 and 7.0 on a 7-point scale, with 7.0 being the highest rating. This again indicates a very positive reception by students in the training program.

In summary, the coordination and cooperation between the two training programs has led to 30 "potential" TETC/STP site replications. Follow-up data received from previous years on these students show that the experience is very beneficial and many of the materials they received in the training practicum are put into use once these students receive teaching positions within the educational community.

Summary of Outreach Activities
Levels I-VI

Level I - Dissemination

1) A total of 800 persons received information announcing the availability of training and technical assistance through the Project via a mass mailing campaign.

2) A total of 131 local, State-wide, regional and national presentations have been made by project staff.

Level II - Interest

1) 65 request for further information were received as a result of the mass mailing and other dissemination activities described in Level I.

2) An additional 321 requests for further information were received as a function of speaking engagements, personal contacts, and second-hand, word-of-mouth efforts of those who have learned about the Fargo Project.

Level III - Evaluation

1) Six regional workshops with 375 participants were conducted during this reporting period.

2) 12,143 pieces/sets of materials were distributed to 1,474 requesting parties in 37 states and 3 foreign countries.

Level IV - Trial

82 site visits, representing 72 persons, were conducted.

Levels V-VI - Adoption and Integration

1) Thirteen (13) agencies have contracted and received specific training and technical assistance.

2) 339 additional handicapped preschool children are being served by personnel trained by the Fargo Project during the current reporting period.

Coordination with Other Agencies

Fargo-West Fargo Head Start

In addition to coordination with the Mile High Consortium (Head Start Regional Access Project) in Denver and colleges and universities in the three-state area, (See Appendix C) the Fargo Project has continued a close relationship with the local Head Start program, which serves approximately 100 children including 13 handicapped preschool children each year. The Outreach Coordinator is a member of the Head Start Selction Committee. The Project Director is a member of the Policy Council. PACT, PACT-SN, portions of the Magic Kingdom, and the TETC Skills Assessment are program components which continue to be replicated by this Head Start program. In addition, the Center provides psycho-educational evaluations for those Head Start children who need more extensive evaluations and are placed simultaneously in Head Start and TETC programs. In total, 1,766 hours of "in-kind" service hours have been provided to the local Head Start program.

Fargo Public Schools - Fargo Preschool Coordinating Council

This was the third year of the existence of the Fargo Preschool Coordinating Council, an enormous success, considering that 491 children were screened in the spring of 1979, 85 or 17% of those children received further screening and/or complete evaluations and eventually 31 children or 36% of those reevaluated or 6% of the total screened were placed in a remedial preschool program (either Head Start, TETC at SEMH/RC or the Fargo Public Schools Preschool Program). The criteria for placement in a preschool program is one year or more below in one or more developmental area. However, additional children were identifed as having mild delays, and those children are being served by day care and nursery school placement (with consultation from SEMH/RC) parent counseling, and parent study groups. This year, county and area social services and Fargo Community Health agencies were asked to join the council to further coordinate and extend services to young children with special needs and their families. The council published a "newsletter" for the first time which was drafted by project staff. This Newsletter is contained in Appendix O.

It was because of outreach funding that the coordinating council initiated, developed and continues to increase the quantity and quality of its services to young children in the Fargo area. In addition to the responsibility of identifying young children with special needs, Project staff also served in the capacity of providing technical assistance and consultation at the time the identified children are placed in various intervention programs in the community.

Miscellaneous Outreach Activities

The Fargo Outreach Project staff also becomes involved in other noteworthy activities which relate to training, technical assistance and consultation to those who serve handicapped preschool children and their families. These are listed below:

1. Project staff realized the need to facilitate communication among persons across the State of North Dakota who serve young handicapped children, age birth to three. In June, 1979, the Project Director and Coordinator brought together a group of people who were involved in Infant programming and met in Fargo to discuss their programs and present and future needs. The agenda for that symposium and the mailing list are contained in Appendix S.

2. The Preschool Advisory Council for the Fargo Project has become quite committed and have become active advocates of preschool handicapped children and their families, their needs, and have recommended special training, technical assistance and special projects and activities which they would like to see the Outreach staff engage in. (See Appendix P for a list of Advisory Council members and the minutes of the last meeting).

3. The Outreach Coordinator has become a member of both the North Dakota Association for the Education of Young Children Board and also the Midwest AEYC Board, representing North Dakota. A State-wide mailing list of all those who serve young children has been generated as a result, facilitating the communication process for the Fargo Project's efforts in disseminating information concerning the Project's capabilities.

In addition, the Center's toll free number is used for information and referral regarding handicapped preschool children, their families, and the persons who serve them.

4. The Preschool Services Directory for the Fargo-Moorhead area was

developed two years ago and has been an overwhelming success. It lists all agencies, parent study clubs, day care centers, and nursery schools, which serve young children including the handicapped. In June, 1979 the Directory was revised and an added feature was to list each day care center and nursery school that will take a handicapped child. The Directory is used widely by parents and prefessionals. To date, over 500 have been disseminated.

5. The Fargo Project continues to serve as a representative to the Mile High Consortium (Head Start Regional Access Project) in Denver, Colorado in an advisory and cooperative effort.

6. Two Parent Advocacy groups have continued to be supported by the Fargo Outreach Project during the current reporting period. One is a Down's Syndrome Parent Group which meets monthly. The other group is a Statewide Autism Advocacy Group which meets several times a year. These brochures are displayed in Appendix Q.

7. The Director of the Project served as a consultant to the Special Education Division of the North Dakota Department of Public Instruction, providing technical assistance in facilitating inter-agency agreements at a Directors meeting in Washington, D.C. in January and February, 1979. State Directors of Special Education, Vocational Education and Vocational Rehabilitation were represented at this national level meeting.

8. Approximately 130 preservice nurses in the center's six county catchment area received training from project staff during the current reporting period in cooperation with the St. Luke's School of Nursing, NDSU School of Nursing, and the Wahpeton State School of Science nursing programs. Identification, referral and remedial intervention of young children with special needs is the focus of the training which is provided by means of classroom lecture in addition.

9. The TETC Trainer is the President-elect of the North Dakota

Speech and Hearing Association whose membership is approximately 150 persons, and provides 4 workshops and 4 newsletters per year to provide updated information and a supportive professional community for individuals who serve young children as well as adults with communicative disorders.

10. Two externships have been provided for Master's level speech and hearing students which extended over a 4-month period of time and provided over 100 hours of observation and supervised direct services to young handicapped children.

11. The Outreach Coordinator was asked to submit a monograph entitled "Enhancing a Child's Self-Concept" to Brigham Young University Press for a book on Self-Concept.

12. Project staff continue to be represented on a series of State and local committees, including the Governor's Developmental Disabilities Council, the Title VI-B Advisory Council and the UAP Steering Committee in an effort to coordinate and advocate for services to preschool handicapped children.

13. Project staff have just completed the final edition of JDRP paper on the Comprehensive Preschool Program for Rural and Non-Urban Areas. With the ongoing support and technical assistance from BEH staff, and particularly Dr. William Swan and Dr. Jim Buttons, Project staff hopes to complete the JDRP's review this fall and gain that committee's approval for past Project efforts. The final revision of the JDRP paper is contained in Appendix R.

14. Project staff developed a new brochure during the current reporting period, "Your Child at Three." Because of the overwhelming demand and interest in the two developmental brochures produced by the Project, (Three and Four-Year-Old brochures) rough drafts of 3 other age levels were developed during the current reporting year (Infant development, The One and Two Year Old).

15. The STP Trainer developed a script to be used in production of a record which will be disseminated to parents instructing them in behavior management techniques.

16. Children's Services at Southeast Mental Health and Retardation Center has been chosen as a replication program site under a DD project of national significance. The program, Let's Play to Grow, is a recreational program for children with special needs and their families, developed by the Joseph P. Kennedy, Jr. Foundation.

17. Extensive support, coordination and technical assistance was given to the North Dakota Easter Seal Society in the planning and production of North Dakota's first Easter Seal Telethon.

18. The Outreach Coordinator served as a consultant on the Fargo Respite Care Committee comprised of the Junior League of Women and the Child Development Department at North Dakota State University. Respite care for preschool handicapped children was non-existent in the Fargo community, and as a result of this committee's efforts, is a reality.

Continuation of Direct and Supplemental Services to Handicapped Preschool Children and Their Families

Continued support has been received for direct and supplementa; services to handicapped preschool children and their families through Title XX, Social Services for the State of North Dakota, Southeast Mental Health and Retardation Center, the Developmental Disabilities and Maternal and Child Health Divisions of the State Department of Health, North Dakota Easter Seal, and Title XIX. Services rendered under these continuation efforts of the First Chance Model Project are briefly listed below by Project component.

PACT

Two PACT (Parents and Children Together) groups operated during the current reporting period. Data generated by these groups show no major deviations from previously reported data on Head Start PACT groups (see Progress Report July 1, 1975 to June 30, 1976, Grant #OE-6-0-74-0471)

SCREENING

The Fargo Project continues to be involved in screening young children to identify those children who may benefit from a preschool intervention program. As was reported in the section entitled "Coordination with Other Agencies," 491 children were screened in the Spring of 1979. Six percent (6%) of these children were placed in a remedial preschool program (TETC, Head Start, or the Fargo Public Schools Preschool Program).

STP/TETC

Stimulating to Potential (STP) is the home teaching component of the comprehensive preschool program for rural and non-urban areas. The Therapeutic Evaluation and Treatment Center (TETC) is the in-center component of the comprehensive preschool program.

From July 1, 1978 to June 30, 1979, these programs provided initial evaluation of 91 children. In many cases, additional information on the child's functioning was needed. Therefore, of the 91 children referred for services, 35 children received further extensive evaluations in the speech and language area, psychological area, occupational therapy area, education area and any combination thereof. Based on the initial and further evaluation data, the children were placed in the TETC, STP or other appropriate community programs.

Twenty-four (24) children were placed in the home teaching program where they were provided 471 hours of individualized therapy and treatment through weekly visits in the home. Progress of children served in the STP program this year has been monitored.

The Alpern-Boll Developmental Profile, a parent rating scale designed to measure a child's skill level functioning, was administered on a pre-post test basis to ten (10) of the twenty-four (24) children who participated in the program long enough this year ('78-'79) to be re-evaluated (at least 6 months). The mean time for pre-test to post-test was 15.3 months. The results of this evaluation of effectiveness is presented in Table 6. As indicated in Table 6, gains were made in all areas of development. Due to the severity of these children's developmental disorders, regression and/or plateauing will often occur so that although six (6) children improved, four (4) children remained at the same age level. Gains are expected to be obtained again this year. Figure 1 represents STP data graphically.

Table 6

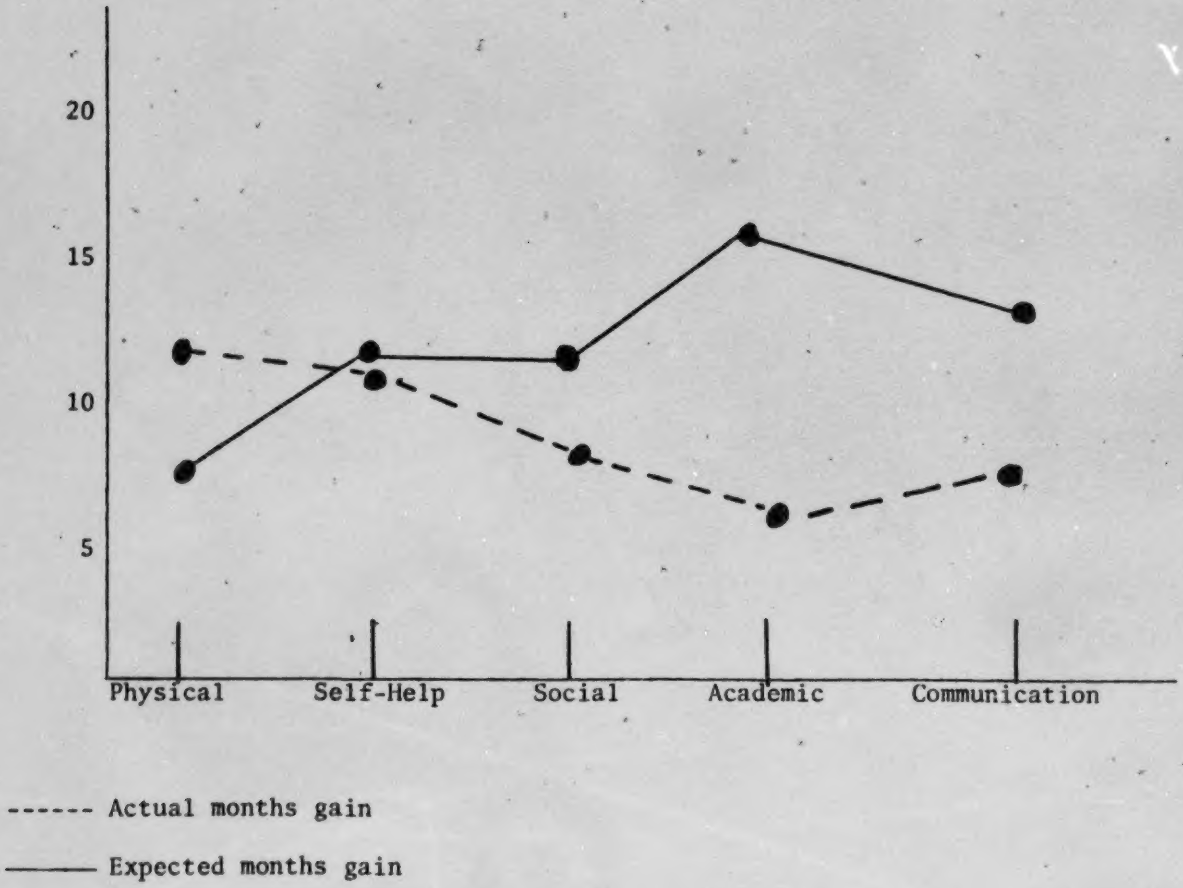
Mean Pre- and Post-Test Performance and Gains (In Months) for Children in the STP Program, 1978-1979, as Measured by the Alpern-Boll Developmental Profile.

	Subtests					
	Mean CA	Physical	Self-Help	Social	Academic	Communicatio
Pre-Test	16.7	10.40	13.6	15.4	16.0	13.2
Post-Test	31.8	21.40	23.6	23.6	23.6	21.0
Entry Rate of Dev. ($\frac{DA}{CA}$)		.622	.81	.92	.96	.79
Expected Months Gain		9.52	12.46	14.10	14.66	12.09
Actual Months Gain		11.00	10.00	8.2	7.6	7.8

Figure #1 shows these same data in graphic form.

Figure 1

Actual and Expected Months Gain
for Children In The STP Program, 1978-79



In the TETC in-center program, a total of 37 children were provided 5,795.5 intensive therapeutic programming sessions from July 1, 1978 through June 30, 1979. A developmental pre- and post-test measure was used to evaluate the progress of children who participated in the program long enough to be re-evaluated in various developmental areas (at least 6 months) or whose presenting problem indicated the use of a developmental assessment (i.e., the developmental assessment was not used with children referred because of behavior problems). The pre- and post-test measure used was a developmental checklist combining items from the Learning Accomplishment Profile, Portage Project Checklist, Project Memphis Checklist and Stanford-Binet Intelligence Scale. Based on the pre- and post-test results, a mean gain of 10.2 months was attained across developmental areas. Table 7 delineates developmental gains attained in comparison to expected gains based on a mean time from pre-test to post-test of 6.83 months. Figure 2 presents a graphic representation of these same data.

Referrals to TETC/STP

It is interesting to note who referred the 91 "new" children served by the project. Table 8 presents the referral data.

Physicians represented the highest number of referrals, followed by the parents themselves and then Head Start. Other referrals are received from day care and nursery schools, the preschool screening, and large variety of agencies, clinics, hospitals and schools.

Table 7

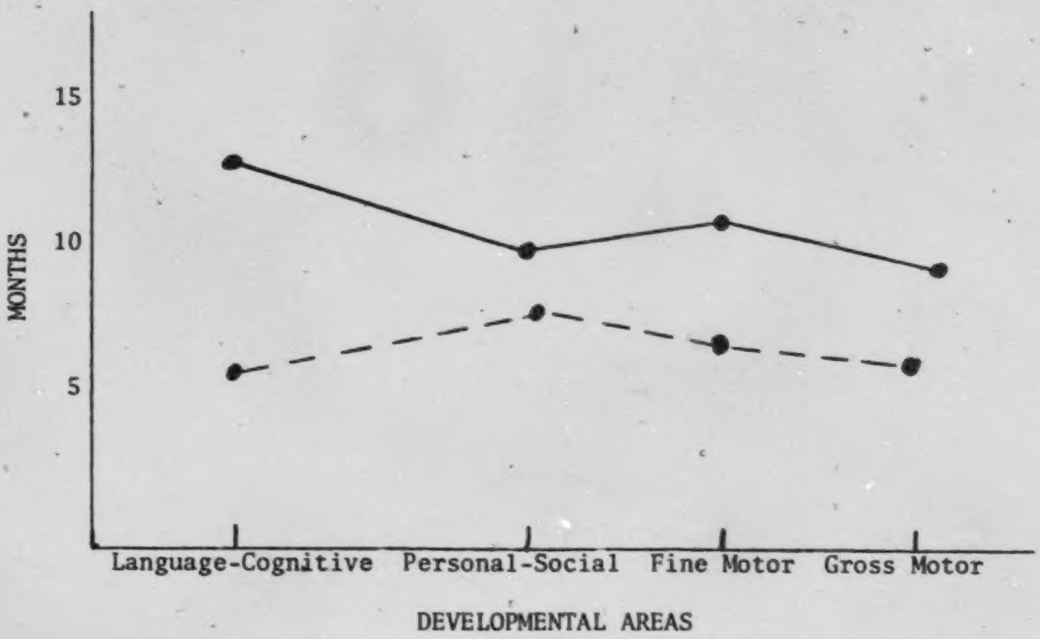
Mean Pre- and Post-Test Gains (In Months) for Children in TETC In-Center Program, 1978-1979

	Developmental Areas			
	Language-Cognitive N = 17	Personal-Social N = 11	Fine Motor N = 17	Gross Motor N = 18
Entry Rate of Development $(\frac{DA}{CA})$	.811	.921	.823	.758
Expected Months Gain	5.54	6.29	5.62	5.17
Actual Months Months Gain	12.8	8.45	10.76	8.67

Figure 2 presents the same data as Table 9 graphically.

Figure 2

Actual and Expected Months Gain
for Children in TETC In-Center Program 1978-1979



——— Actual months gain

-------- Expected months gain

Table 8

Referral For Intakes 1978-79

Physicians	19
Parents	16
Head Start	12
Day Cares (NDSU, Growing Tree Preschool, Edgewood Preschool, Montessori Child Care Inc., Barnsville Day Care)	7
Preschool Screening	6
Friends	2
St. Lukes Hospital	4
Easter Seals	4
Community Services (Children's Village, CP Association, Catholic Family Services, Community Health)	4
Cass County Social Services	3
Clay County Social Services	2
Southeast Mental Health Center	2
Moorhead Schools	2
Dakota Clinic	2
Fargo Schools	1
NDSU Speech and Hearing Clinic	1
West Fargo Schools	1
Traill County Social Services	1
University of Minnesota Hospital	1
Newspaper Media	1
TOTAL	91

Table IB

(outreach and project continuation staff included)

Project Staff Providing Services to Recipients in Table IA

Type of Staff	Number Full-time	 Part-time (As Full-time Equivalents)
ssional Personnel (excluding teachers)	2	3
hers	5	0
rofessional	1	1

Table IC

If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
ened Outreach: 491	
tic and Evaluative Outreach: 44	
ed to Need Special Help Short term child centered counseling	41 children
ance Assistance	

Table II

Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought AA	 BA	 MA	 Post-MA
capped		N/A	N/A	N/A	N/A
ction					
ared					
Mentally Retarded					
Mentally Retarded					
rning Disabilities	SEE				
Hearing	NARRATIVE				
Handicapped					
Emotionally Disturbed					
paired					
and Other Health Impaired					

e II above differ by more than 10 percent from those in your approved application etc., papers prepared for professional meetings and graphic materials, completed curriculum and instructional guides, or drafts if in a developmental stage, special methods, techniques and models devised, scales and other measuring devices used.

[illegible] finished with this portion of Part II, 13.443 grantees [illegible] C of Part II.

[illegible] grantees are to respond to this section C. Discuss the [illegible]

[illegible] anticipated or anticipated spinoff developments *(i.e., [illegible] which were not part of your originally approved [illegible] activities, but which are contemplated within the [illegible] of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).*

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about *(e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.).*

Part III

[illegible] with a Demonstration/Service function or activity, [illegible] for 13.444 grantees who are solely supported for "outreach activities" are to complete Tables IA, IB, and IC. [illegible] under 13.451, as well as those under other handicapped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA – Demonstration/Service Activities Date

Children

[illegible] performance data for this report period into the [illegible] are as of the time of the original ap[illegible] the continuation application, whichever is later. [illegible] line 11, count multihandicapped individuals [illegible] primary handicapping condition, and indicate the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served; i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	19 and Over
Mentally Retarded	13	7	2	0	1	0
Mentally Retarded	2	10	1	0	0	0
Learning Disabilities	0	6	0	0	0	0
	0	0	0	0	0	0
Hearing	0	1	0	0	0	0
[illegible]	0	0	0	0	0	0
Emotionally Disturbed	12	53	2	0	0	0
	3	5	0	0	0	0
Impaired	5	9	0	0	0	0
Impaired	3	1	0	0	0	0
	38	92	5	0	1	0
[illegible]	3	4	0	0	0	0

[illegible] the above table differ by more than 10 percent from the data originally presented in your approved application, [illegible] the difference

Table IIIA
Placement of Children Participating in Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report period. *NOTE: Count each child only once by primary type of placement below.*

TYPE OF PLACEMENT			NUMBER OF CHILDREN	
			FULL-TIME	PART-TIME
TEGRATED PLACEMENT *(i.e., in reg- programs with children who are NOT capped)*	Nursery schools		3	
	Day-care programs			
	Head Start			
	Pre-kindergarten			
	Kindergarten		13	
	Primary grades	First		
		Second		
		Other		
EDUCATION PLACEMENT *(classes only for handicapped situated in regular private or school)*	Pre-kindergarten		8	
	Kindergarten		11	
	Primary grades	First		
		Second		
		Other	1	
ITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year			
	Other *(specify)* State School		1	

Table IIIB

tive number of children entered into placement *(if known)* prior to this period →	NUMBER 16	Estimated retention rate of cumulative number in integrated placement →	PERCENT 100%

Final Remarks

The Project's direct services have received ongoing support from the Maternal and Child Health & Developmental Disabilities Divisions of the State Department of Health of the State of North Dakota.

Preschool special education programs continue to be "permissive" in the State in the public schools because of a conflict between State and Federal law. Therefore, it is anticipated that the Southeast Mental Health and Retardation Center Department of Children's Services will continue to serve this population of children with special needs and their families for some time to come.

The Southeast Mental Health and Retardation Center Department of Children's Services thanks BEH for funding the start-up of these exemplary model programs and subsequent dissemination thereof. Interestingly, many Outreach activities also appear to be continuing. For example, the Governor's Committee on Children and Youth is negotiating with Southeast's Department of Children's Services to produce a record which would provide parent training in behavior managemnt techniques. Also, purchase of service contracts are being written for various levels of Outreach services on a fee for service basis. Since June 30, 1979, the termination point of Outreach funding, two contracts have been written with a variety of agencies.

APPENDICES

Appendix A - Outreach Brochure, Level I Cover Letter, Needs Assessment Questionnaire and Sample Responses

Appendix B - Cover Letter, Brochures, Publication List

Appendix C - Consortium Workshop Brochures

Appendix D - Summary Evaluations from Consortium Workshops

Appendix E - Four-Year-Old Brochure, Three-Year-Old Brochure, and Child Insurance Brochure

Appendix F - Site Visitations

Appendix G - Accumulative Outreach Training and Technical Assistance

Appendix H - Memorandum of Agreement

Appendix I - Three-Week Agendas for Training Program

Appendix J - Twelve-Month Follow-up Report

Appendix K - Consortium Annual Data Collection Form

Appendix L - Annual Progress Report on one TETC Replication

Appendix M - Day Care Workshop Brochure

Appendix N - Follow-up of one Partial TETC Replication

Appendix O - Fargo Preschool Coordinating Council Newsletter

Appendix P - Preschool Advisory Council Membership List and Meeting Minutes

Appendix Q - Down's Syndrome Parent Group Brochure and Autism Advocacy Group Brochure

Appendix R - Joint Dissemination Review Panel (JDRP) Paper

Appendix S - Infant Symposium Agenda and Mailing List for North Dakota Association of Providers Serving Children Birth to Three

Appendix T - Speaking Engagements

APPENDIX A

Outreach Brochure, Level I Cover Letter, Needs Assessment Questionnaire and Sample Responses

Southeast Mental Health and Retardation Center offers you unlimited opportunities for growth and development in your special field.

DIRECT SERVICES FOR CHILDREN

1. Instructional Materials and Systems Development
2. Program Evaluation and Monitoring
3. Program/Treatment Assessment
4. Program/Treatment Implementation
5. Program/Intervention Planning
6. Assessment and Evaluation
7. Screening

DIRECT SERVICES FOR PARENTS

1. Parent/Family Counseling
2. Child Management Training
3. Child Development Education
4. Task Analysis and Curricula Programming
5. Parent-Child Interactional Training
6. In-Home Stimulation Training
7. Parent Alumni Follow-Through Program
8. Topical Workshops, Conferences, and Seminars

DIRECT SERVICES FOR PROFESSIONALS AND PARAPROFESSIONALS

1. Screening Techniques (i.e., Magic Kingdom: A Preschool Screening Program)
2. Assessment and Evaluation Techniques Training
3. Task Analysis and Intervention Training
4. Individualized Curriculum Program Services (i.e., DIP)
5. Curriculum Planning, Implementation, and Evaluation Training
6. Program Monitoring and Evaluation
7. Child Management Trainer Training
8. Parent and Children Together Coordinator Training
9. In-Home Teacher Training
10. Family Crisis Intervention Training
11. Program Evaluation, Accountability, and Cost Analysis Training and Technical Assistance
12. Other Training and Technical Assistance Services, based on Assessed Needs of Consumers and Center Capabilities

FOR INFORMATION OR SERVICES PLEASE COMPLETE AND RETURN THIS CARD

Your Name ______ Position ______

Employed By ______ Business Phone ______ Home Phone ______

Mailing Address ______

City ______ State ______ Zip ______

Information or Services Requested:

___Additional general information on Direct Services for Children
___Additional general information on Direct Services for Parents
___Additional general information on Direct Services for Professionals/Paraprofessionals
___I would like a chance to observe your program
___I would like personal consultation on services offered
___Other (please specify)______
___Please call me: Office ______
Home ______

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United States

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Infants and Young Children's Department
Southeast Mental Health and Retardation Center
700 First Avenue South
Fargo, North Dakota 58102

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by
Addressee

ABOUT THE CENTER

Southeast Mental Health and Retardation Center is a comprehensive community mental health center providing services to an urban/rural population ranging from preschool through adult. The staff has a team approach utilizing professionals from the areas of psychology, medicine, speech and hearing, language, community dynamics, etc. The Center is ready to share its experience and expertise in preschool programming.

FOR MORE INFORMATION CONTACT

DIRECTOR
INFANTS AND YOUNG
CHILDREN'S DEPARTMENT
SOUTHEAST MENTAL HEALTH AND
RETARDATION CENTER
700 FIRST AVENUE SOUTH
FARGO, NORTH DAKOTA 58102

PHONE: 701/237-4513

Outreach services partially supported by HEW/OE/BEH.

SOUTHEAST MENTAL HEALTH
AND RETARDATION CENTER
700 FIRST AVENUE SOUTH
FARGO, NORTH DAKOTA 58102

Non-Profit Org.
Bulk Rate
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PAID
Fargo, N. Dak.
Permit No. 1101

Southeast Mental Health and Retardation Center Fargo, North Dakota.

Consultation and Training Services for the Professional and Para-professional in Early Childhood Programs.

Outreach services provided by a highly skilled professional staff with the ability to share their knowledge, training, and experience.

Southeast Mental Health and Retardation Center

CASS
ANSOM
RICHLAND

P.O. Box 2083 108 SOUTH 8TH STREET
FARGO, NORTH DAKOTA 58103
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

February 1, 1979

Dear Colleague:

Southeast Mental Health and Retardation Center has developed a variety of programs to serve preschool handicapped children and their families. These programs provide early identification, diagnosis, treatment, consultation and parent support services.

We have established specific training modules that would enable you to replicate these programs in your center. Enclosed is a needs assessment questionnaire that we are asking you to complete and return by February 12 if you would be interested in establishing these programs.

You will receive a complimentary copy of our brochures entitled "Your Child at Three" and "Your Child at Four" when you return your questionnaire. These brochures describe normal development in five major areas, parent's responsibilities and behavior management hints for each age group.

Thank you in advance for your cooperation.

Sincerely,

Kay McDonald

Kay McDonald, M.S.
Preschool Outreach Coordinator

KM:kak
Enclosures

Needs Assessment Questionnaire

The following are programs that Children's Services of Southeast Mental Health and Retardation Center have developed to serve preschool handicapped children and their parents.

PACT - Parents and Children Together

This program is designed for parents of normal and mildly delayed preschool children. PACT teaches parents about normal child growth and development and behavior management techniques. The program uses a token system for parents who participate. A parent initiator is trained to maintain the group.

Materials - A toy catalog, an administrative manual and eight learning packets, including such topics as: Intellectual Development, Social and Emotional Development, Language Development, and Modifying Behavior Problems.

PACT for Special Needs

This program is designed for parents of mildly to severely delayed children. PACT for Special Needs teaches parents about normal child growth and development, how to teach and accept their handicapped child. This program also uses a token system to reinforce the parents for their involvement. A parent initiator can be trained to maintain the group.

Materials - A toy catalog, an administrative manual, eight packets including the topics of teaching new skills, Self-Help Skills, Modifying Behavior Problems, and Introduction to the Child with Special Needs, supplementary agendas, and evaluation instruments.

STP - Stimulating to Potential

This is a home teaching program designed for handicapped and high risk children birth through 3 years of age. It employs a systematic method of training parents to teach their child new skills so they may develop to their greatest potential. A model for parent support groups to educate the parents of preschool handicapped children has also been developed.

Materials - Assessment tools, activities and techniques for teaching individualized education programs.

The Magic Kingdom: A Preschool Screening Program

The Magic Kingdom is a program that provides screening of children ages 3½ through 6 in a variety of developmental areas: motor, visual, auditory, language, conceptual and social-emotional. The primary goal of the preschool screening program is to identify children with special needs.

Materials - Magic Kingdom Screening kit which also includes a self-concept test and a parental assessment of child scale.

TETC - Therapeutic Evaluation and Treatment Center

This program offers intensive evaluation and individualized treatment for young handicapped children and their families.

Materials - Over 90 packets have been developed to train individuals to implement this program for preschool handicapped children. Some topics covered include: approaches to managing difficult behaviors, assessment of behavior disordered and/or developmentally delayed children, principles of behavior management, curriculum materials, teacher-made materials, teaching techniques, writing IEP's, etc. A comprehensive Skills Assessment tool has been developed to provide assessment for preschool children in four developmental areas.

Check the column which indicates your level of interest:

	More Information	Materials Only	Training & Materials	Not Interested
PACT				
PACT for Special Needs				
STP				
The Magic Kingdom				
TETC				

Do you serve any children with the following handicaps?
Indicate number served:

___ Cerebral Palsy
___ Speech and Language Delay
___ Mentally Handicapped
___ Visually Impaired

___ Hearing Impaired
___ Orthopedically Impaired
___ Learning Disabled
___ Emotionally or Behaviorally Disturbed
___ Other

How many of your staff serve preschool handicapped children? ________

Signed: Name: ____________________

Position: ____________________

Agency or Center: ____________________

Address: ____________________

____

FOR INFORMATION OR SERVICES PLEASE COMPLETE AND RETURN THIS CARD

Your Name Sandra Petrek Position Program Coordinator

Employed By Missouri Migrant Education Prog. Business Phone 314-651-2126 Home Phone ____

Mailing Address 354 North Henderson Street

City Cape Girardeau State Missouri Zip 63701

Information or Services Requested: Behavior Rating of Self-Concepts Individual Test and Norms as demonstrated at MAGYC Conference, St. Louis.

____ Additional general information on Direct Services for Children
____ Additional general information on Direct Services for Parents
____ Additional general information on Direct Services for Professionals/Paraprofessionals
____ I would like a chance to observe your program
____ I would like personal consultation on services offered
____ Other (please specify) ____
____ Please call me: Office ____
Home ____

FOR INFORMATION OR SERVICES PLEASE COMPLETE AND RETURN THIS CARD

Your Name Jackie Watson Position Social Services Coordinator

Employed By Big Five CSA Head Start Business Phone ____ Home Phone 276-3492

Mailing Address Box 162

City Marietta State Oklahoma Zip ~~7470~~ 73448

Information or Services Requested:

✓ Additional general information on Direct Services for Children
✓ Additional general information on Direct Services for Parents
____ Additional general information on Direct Services for Professionals/Paraprofessionals
____ I would like a chance to observe your program
____ I would like personal consultation on services offered
____ Other (please specify) ____
____ Please call me: Office ____
Home ____

Information Sent 7-7-78

FOR INFORMATION OR SERVICES PLEASE COMPLETE AND RETURN THIS CARD

Your Name Ms Mary Ann Cernak MSSW Position Psychiatric Social

Employed By Jersey Shore Medical Center-CMHC Business Phone 201-775-5500 ext 533 Home Phone 201-681-9040

Mailing Address 1945 Corlies Ave

City Neptune State NJ Zip 07753

Information or Services Requested:

✓ Additional general information on Direct Services for Children
✓ Additional general information on Direct Services for Parents
✓ Additional general information on Direct Services for Professionals/Paraprofessionals
____ I would like a chance to observe your program
____ I would like personal consultation on services offered
____ Other (please specify) ____
____ Please call me: Office 201-775-5500 ext 533
Home 201-681-9040

55

APPENDIX B

Cover Letter, Brochures, Publication List

Southeast Mental Health and Retardation Center

CASS
RANSOM
RICHLAND

P.O. BOX 2083 700 - 1st AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

Your request for further information regarding direct services to children has been received by the Department of Infants and Young Children at Southeast Mental Health and Retardation Center.

In response to that request, we have enclosed the brochures on the Therapeutic Evaluation and Treatment Center (TETC). TETC is an in-house treatment program to remediate developmental delays and correct behavioral/emotional problems with preschool children.

The brochure on Stimulating To Potential (STP) describes a home teaching program in which parents provide educational and therapeutic programs for their own children with the support of a home teacher.

The Magic Kingdom: A Preschool Screening Program brochure describes a program which can screen 40-80 preschool children per day. The Magic Kingdom utilizes parent volunteers in providing a cost effective screening program.

Also, enclosed is the brochure describing the Developmental Infant Program (DIP). This program is a computerized curriculum support system for teachers, parents or other persons providing instruction to preschool children.

If you are interested in specific materials developed for these programs, they may be ordered via the Center's Publication and Price List which is also enclosed.

Also, I would like to point out that any of our programs or subcomponents of our programs can be individualized to the particular needs of many type of educational endeavors.

Finally, training and technical assistance is available through Southeast Mental Health and Retardation Center for any of the programs or their subcomponents.

I hope this information is useful to you. If you need further information about our programs or additional information about our training and technical assistance, please contact me.

Sincerely,

Dr. Wm F. Hoehle II

Dr. Wm. F. Hoehle, II
Director of Infants and Young Children's Dept.

WH:kah
Enclosures

DEPARTMENT OF CHILDREN'S SERVICES
Southeast Mental Health and Retardation Center
108 South 8th Street
Fargo, ND 58103
(701) 237-4513

The following are the program components in the comprehensive services continuum available to infants and young children and their families and to professionals and pre-professionals who serve them.

1. THE YOUNG CHILD'S DEVELOPMENTAL CLINIC

The Young Child's Developmental Clinic is a follow-along program for children who have been hospitalized in a high risk nursery. Its purpose is to provide a developmental assessment of these children at periodic intervals to determine if the child is developing at his age level.

If the child is showing a developmental lag, more intensive programming would be suggested. If the child is developing at a normal rate, his parents will be provided with learning packets containing suggested activities that they can do with their child until the next developmental check-up.

Follow-up reports are sent to the child's physician after each developmental check-up.

2. HOME TEACHING PROGRAM

The Home Teaching Program provides comprehensive evaluation and programming for children ages Birth - 3 who are high risk or developmentally delayed.

Parent Counseling and support are provided weekly by a professional home teacher in addition to education and training of the parents who learn to become teachers of their own children.

Follow-up and consultations are provided to the family physician and other agencies as appropriate.

3. TETC - THERAPEUTIC EVALUATION AND TREATMENT CENTER

The TETC provides comprehensive evaluation and therapeutic programming for children who are developmentally delayed and/or behaviorally handicapped. Formal and informal training programs are provided for parents of these children. The TETC also provides follow-up referral services to existing community programs.

4. CHILD-CENTERED COUNSELING

Parents having difficulty with child management problems or are concerned with other areas of their preschool child's development have the opportunity of working with a therapist outlining plans for dealing with child-centered problems.

5. PACT - PARENTS AND CHILDREN TOGETHER

Parents of preschool children meet together every two weeks for nine, 2-hour sessions. Normal child growth and development are the focus of the first half of the series followed by behavior management techniques.

6. EARLY CHILDHOOD PARENTING CLASSES

Early Childhood Parenting classes are provided for parents as well as professionals interested in learning about topics related to normal development and behavior management skills for children of all ages.

7. CHILD MANAGEMENT CLASSES

This six-week educational course teaches parents how to identify their children's behavior problems and how to deal more effectively with them.

8. PARENTS OF DOWN'S SYNDROME CHILDREN

Parent's of Down's Syndrome children is an organized group which meets monthly and provides support and education to parents of Down's Syndrome children of all ages.

9. AUTISM ADVOCACY GROUP

The Autism Advocacy Group is a state-wide association which provides education and support to parents of autistic and other behaviorally disordered children.

10. OUTREACH CONSULTATION AND TRAINING

The Center can provide upon request consultation and training to professionals and paraprofessionals in the following areas:

- Screening Techniques
- Parent Education
- Instructional Materials
- Child Development Education
- Child Management
- Family Crisis Intervention
- Curriculum Planning and Program Monitoring
- Program Assessment and Evaluation
- Other training and technical assistance based on assessed needs of consumers and Center capabilities

SUPPLEMENTARY SERVICES:

1. Children-Adolescent Services: Elementary through high school students are seen for individual as well as group therapy. Consultations are provided in the schools to teachers and parents regarding their student's behavior and school performance.

2. Adult Services: The Center offers services for adults which include individual and group therapy, chemotherapy (medication), marriage and family counseling and partial hospitalization.

3. Alcoholism Services: The Center offers individual, family and group counseling to individuals and families to help them understand the alcoholic and alcohol addiction.

4. Intermediate Care Services: Intermediate Care Services bridge the gap between outpatient services and inpatient hospitalization. They benefit those persons who need to participate more effectively in the every day world around them.

Stimulating to Potential (STP) - A Home Teaching Program
Questions and Answers

1. What is STP?

STP - Stimulating to Potential - is essentially a learning program. It employs a systematic method of teaching parents to teach children the skills they will need to be successful and independent children and adults. It is unique in that parents are their own children's teachers.

2. How will I, as a parent, be involved?

The underlying assumption is that parents are very important people in their children's lives, and further, that parents can be effective teachers of their own children. In the STP program, home teachers will supply the materials and methods so that parents can learn how to teach their children. Parents are really the key ingredients to the program's success. They will spend about a half-hour each day working with their children to help them learn specific skills. Once a week, the home teacher will visit them to bring new methods and materials to help the child develop at his own best rate.

3. How often will the teacher see my child?

The home teacher will visit each home once a week for approximately an hour. During this time she will review the child's progress over the past week with the parent. Then they will decide on the program for the next week. The teacher will demonstrate the use of the materials she has brought with her for the parent, and then show the parent how to teach a particular skill to the child.

4. What children are eligible for this program?

Children accepted into this program must be between birth and seven years of age and have a delay in the development of social, self-help, language, physical or cognitive skills, or the child presents a serious behavior management problem for his parents. Priority will be given to very young children, birth through 3, and children in outlying counties. Children from states other than North Dakota are accepted under the same developmental and financial conditions.

5. What will it cost?

The Home Teaching program is funded by a Title XX Grant funded through Social Services of North Dakota. The fee is based on a sliding fee schedule according to income.

6. How much time is involved?

This will vary from child to child. Generally, the activities will take no longer than one half-hour per day, and often less than this. Once a week the home teacher will visit the parent and child in their home.

7. What is the purpose of the testing done on my child?

Many of the children are given a variety of tests based on their age and handicapping condition. The results of these tests are used in developing programs for the child. They can tell us what skills the child already possesses and how he learns the best. They will also be used at the end of the program to let us know exactly how much progress the child has made during the year. The tests and results will be openly discussed with each parent and questions are welcomed.

8. What activities will my child be doing?

This will differ for each individual child. For the child who does not know colors, a series of activities will be prescribed that will help him to know these. For example, we may have him start by identifying two colors only, perhaps red and yellow. We may give him two balls, one of each color, and have him hand us one of them on request. "Johnny, please give me the red ball." When Johnny hands us the correct ball, we will give him lots of praise to reward him for good learning. Each child will be working on activities that he or she needs the most. The testing and the parental reports will help us identify just what those activities are.

9. Why is it important to my child to learn these skills?

For each child entering school, it is expected that he will already be able to do certain things, such as count to ten, be able to identify letters of the alphabet, and so on. For children who know these things, school can be a very pleasant experience. For the child who does not know these, however, school can be a painful experience where they always have to struggle to "catch up" to the rest of their classmates.

Even if your child will not be entering a regular school program, basic skills will be necessary for him in his playing with other children, and because he gets a sense of accomplishment from learning successfully. Thus, he is able to work more nearly in line with his capabilities.

10. How can I get my child into the program?

Referrals can be made directly by parents, physicians, public health nurses, preschool teachers, or others by calling Southeast Mental Health and Retardation Center at (701) 237-4513.

Further information may be obtained by writing to:

Children's Services
700 1st Avenue South
Fargo, North Dakota 58102

Therapeutic Evaluation and Treatment Center
TETC
Questions and Answers

1. What is TETC?

TETC is a simulated classroom designed to provide evaluation and individualized treatment for young children and their families. Children are evaluated for periods of one half day to six weeks, the purpose of which is to pinpoint what the child's special needs are. After evaluation, children may be referred to appropriate, existing programs. When these services are not available, children and their families receive individual or group treatment and therapy directly through TETC. Parental involvement is considered the most unique feature of this program. Parents are asked to spend some time each week learning how to work with their children in the classroom and at home. Parents attend formal classes with other TETC parents and are encouraged to observe, assist, and participate in all phases of their child's evaluation and treatment.

2. What children are eligible for the program?

Children accepted into this program must be between six months and eight years of age. These children may have a delay in the development of social, self-help, language, physical, or academic skills; or be serious management problems or behavior problems or otherwise handicapped. Children from states other than North Dakota are also accepted into this program under the same eligiblity requirements.

3. What does this program cost?

TETC is a Social Services Board of North Dakota purchased service project. The cost for the program is based on a sliding fee schedule according to income and number of family members.

4. How long does it take to complete the program?

Time in the program will vary according to the child's needs. TETC is not seen as a long term program and every effort is made to place the child in already existing community programs, if these will meet his needs.

5. Where is the program located?

TETC is located at 120 8th Street South, Fargo, North Dakota

6. Who can refer children to the program?

Referrals to TETC can be made by parents, clergyman, public health nurses, teachers, physicians, or others. Direct referrals can be made by calling the Southeast Mental Health and Retardation Center at (701) 237-4513.

7. How can I learn more about the program?

You may write or call:

Children's Services - TETC Program
Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota 58102

Phone: (701) 237-4513

PACT

PARENTS AND CHILDREN TOGETHER

QUESTIONS AND ANSWERS

1. What is PACT?

PACT is a parent education program. Parents of preschool children meet in informal groups to learn about normal child growth and development and to share the concerns of parenting.

2. How can a parent benefit from the PACT program?

During the introductory series of meetings, parents learn about how a child grows and develops. The advantage to parents is that they can understand their child better, and, therefore, be able to know how to provide an emotionally healthy and intellectually stimulating atmosphere for family living.

In addition, parents can earn PACT Dollars by attending meetings and completing activities with their child. These PACT Dollars can be exchanged for educational toys and books for the child to enjoy. The parents choose from a large variety of toys in the Learn and Earn Together Catalog which is given to each parent that joins the group.

3. Who is eligible for the program?

Any parent of a preschool child living in Cass, Steele, Traill, Richland, Ransom, or Sargent County of North Dakota is eligible for the PACT Program.

4. How much time is involved?

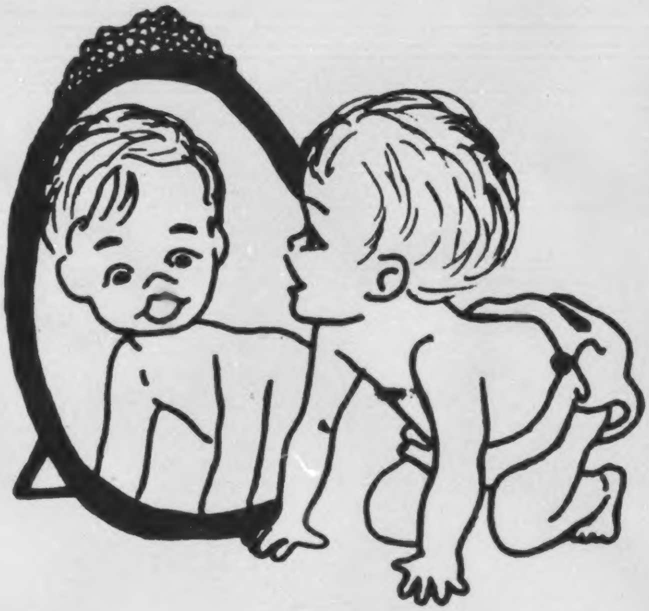
The initial series of meetings involves nine, two hour sessions. Normally, groups meet twice a month. In addition, time is needed at home to read each packet and engage in the activities with your child.

5. Who leads and maintains the PACT group?

A Parent Initiator is selected in a community where there is an interest in the PACT Program. The Parent Initiator comes to the Mental Health Center for a day of training in group dynamics, leadership skills, and the details of maintaining the PACT Group. She then returns to her community and recruits other parents to join the group. The Parent Initiator keeps in very close contact with the coordinator of the PACT program, a Child Development Specialist, who assists in the many aspects of organizing and maintaining the PACT Parent Groups.

6. What is the composition of a PACT Group?

A minimum of ten and a maximum of twenty parents of preschool children are invited by the Parent Initiator to join the PACT Group. Mothers and Fathers both are encouraged to join and attend the meetings and so are single parents and expectant parents.



7. Where and When do the parents meet?

Each group chooses where and when they wish to meet. Parents may want to meet in their homes or in a community building such as a church or school.

8. What topics are covered during the introductory sessions?

The following is a list of the topics for the series:

1. Prenatal and Sensory-Motor Development
2. Social and Emotional Development
3. Intellectual Development
4. Language Development
5. Specifying Behavioral Problems
6. Gathering Baseline Data
7. Applying Intervention Methods
8. Maintaining Desired Behaviors
9. Follow-up session

9. What happens when the parents complete the nine-session series?

After completing the first nine sessions,the parents in the group have the option of discontinuing their participation or pursuing more specific topics in a PACT Alumnae group. Topics such as Sex Education, Children and Television, Coping with Stress, Fostering Creativity, The Development of Fear are examples of PACT alumnae topics. The needs and desires of PACT parents are considered of prime importance as planning of future PACT meetings continues.

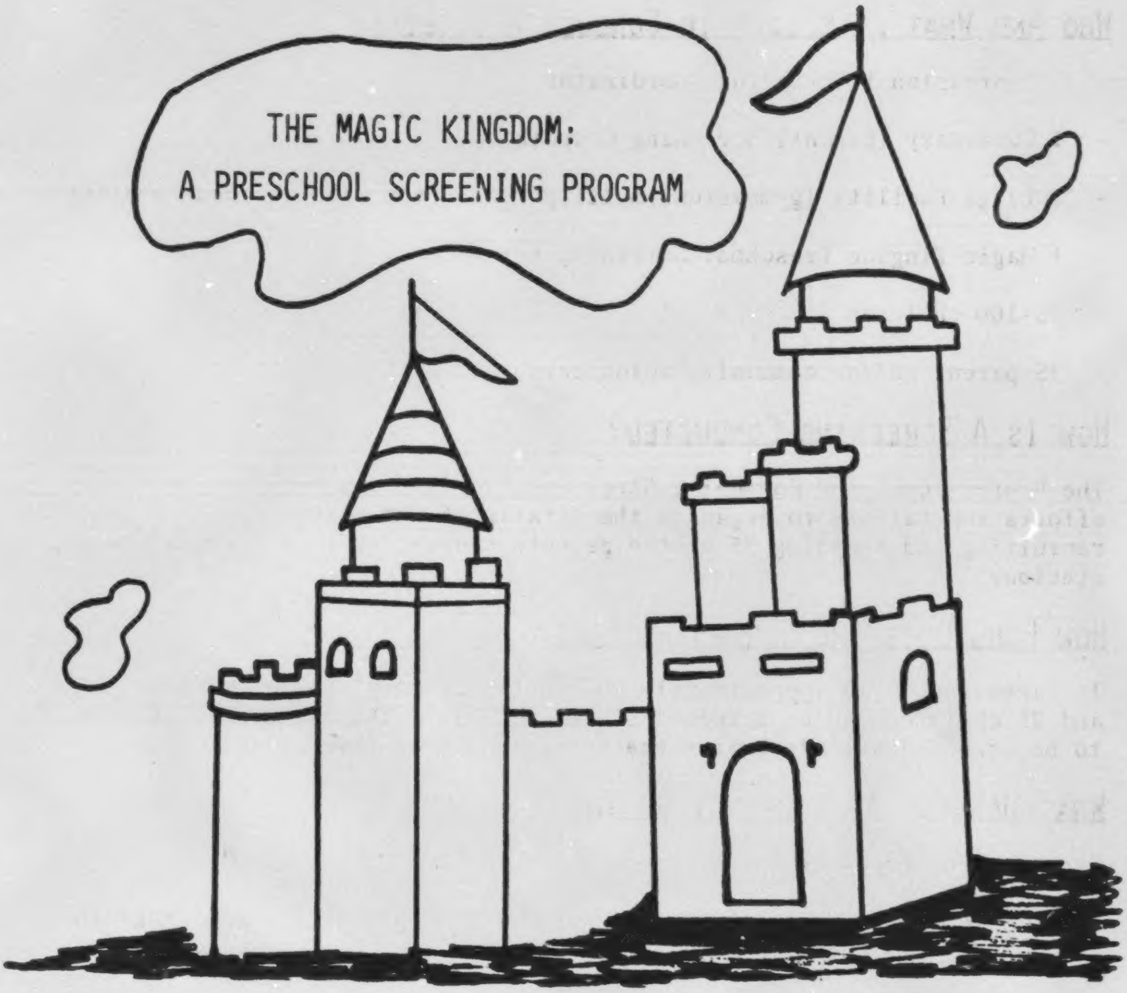
10. How can I learn about the program and/or details about joining a PACT group?

You may call or write:

Children's Services - Preschool Program
Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota 58102

PHONE: (701) 237-4513

THE MAGIC KINGDOM:
A PRESCHOOL SCREENING PROGRAM



QUESTIONS AND ANSWERS

1. WHAT IS THE MAGIC KINGDOM?

The Magic Kingdom is a screening program that provides a gross assessment of children ages 3-6, in a variety of developmental areas: motor, visual, auditory, language, conceptual, and social-emotional.

2. WHAT ARE THE PURPOSES AND GOALS OF THE MAGIC KINGDOM?

The primary goal of the preschool screening program is to identify children with special needs. In addition, parents, as well as the children themselves, become aware of the expectations for functioning in the various developmental areas.

3. WHY IS THE PROGRAM CONSIDERED UNIQUE?

The Magic Kingdom is unique because it provides local communities, school districts, nursery schools, Headstart programs, and parents an effective, efficient, low cost, and comprehensive screening of a large number of young children in a relatively short period of time.

4. WHO AND WHAT ARE NEEDED TO CONDUCT A SCREENING?

- 1 Professional Screening Coordinator
- 1 Community (parent) Screening Coordinator
- 1 Large Facility (gymnasium, multi-purpose room with adjacent smaller areas)
- 1 Magic Kingdom Preschool Screening kit
- 25-100 children
- 35 parent and/or community volunteers

5. HOW IS A SCREENING CONDUCTED?

The Professional and Community Screening Coordinators combine their efforts and talents to organize the details of the screening which includes recruiting and training 35 of the parents themselves to man the screening stations.

6. HOW LONG DOES THE SCREENING TAKE?

It takes one child approximately 90 minutes to complete the screening and 25 children can be screened simultaneously. The number of children to be screened will determine the total length of time needed.

7. WHAT HAPPENS AS A RESULT OF THE SCREENING?

Every parent receives a follow-up letter indicating:

EITHER → That their child is functioning within the normal range in all developmental areas.

OR ⟶ That a parent conference is advised at this time because there is an area or areas that indicate the possibility of a positive need.

8. SHOULD SOME CAUTION BE EXERCISED WHEN USING THIS SCREENING PROGRAM?

Absolutely! The results of this screening do not make a diagnosis, do not necessarily indicate a particular problem, and should not be used solely for programming purposes. The results of the screening should be thought of only as suggesting a possibility that a child is functioning at a specific level within designated developmental areas. Typically, there are many false positives when preschool children are screened in this manner.

9. HOW CAN I FIND OUT MORE ABOUT THE MAGIC KINGDOM?

For additional information, you can contact:

Southeast Mental Health and Retardation Center
Preschool Program
700 1st Avenue South
Fargo, North Dakota 58102

PHONE: (701) 237-4513

I. **PROGRAM TITLE:** A Comprehensive Preschool Program for Rural and Non-Urban Areas

II. **DEVELOPED BY:**
Southeast Mental Health and Retardation Center
Department of Children's Services
108 8th Street South
Fargo, North Dakota 58103

III. **SOURCE AND LEVEL OF FUNDING:**

Federal Support (includes BEH First Chance Model Project funding 3 years and BEH Outreach funding)	$440,910
State and Local (includes State Health Department funds, local mill levy, Mental Health Center funds and Title XX Continuation of Direct Services during BEH Outreach funding - 2 years)	$266,749
Total	$707,659

The project is currently locally supported by State Social Services and the Southeast Mental Health and Retardation Center in cooperation with local Head Start, public schools, other community child care agencies and the North Dakota State Department of Health.

IV. **YEARS OF INTERVENTION DEVELOPMENT OR PRACTICE:**
July 1, 1973 to June 30, 1979

V. **DESCRIPTION OF PROJECT:**

A. **Philosophy**

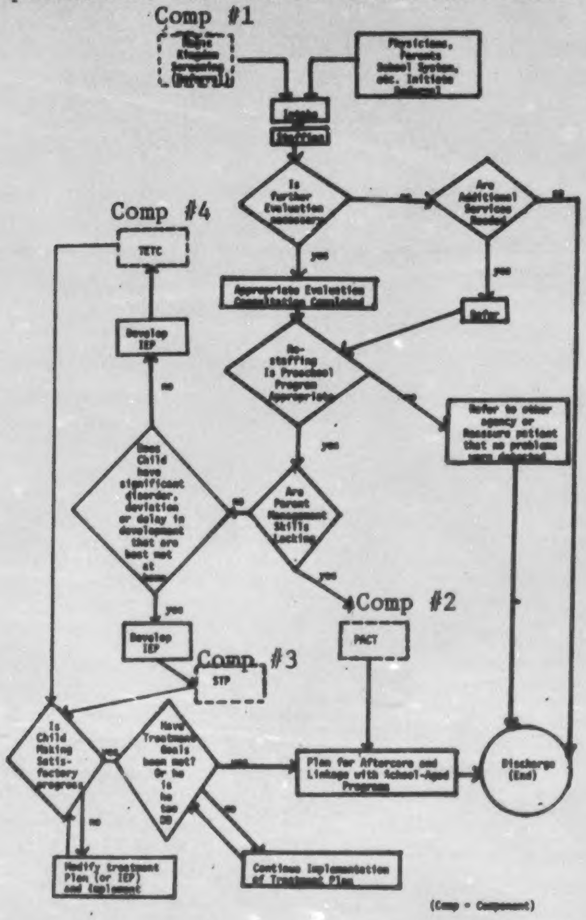
The model demonstration project provides a comprehensive preschool program on a continuum from prevention to intervention. Services are provided to multi-categorically handicapped (developmentally delayed) and emotionally disturbed (developmentally functioning at or above chronological age) children and their families residing in the Southeast Mental Health and Retardation Center's six county catchment area in rural southeastern North Dakota. The continuum consists of four (4) related components (Comps): Parents and Children Together (PACT); The Magic Kingdom: A Preschool Screening Program; The Therapeutic Evaluation and Treatment Center (TETC) and Stimulating to Potential (STP). The comprehensive services cover the continuum ranging from prevention to intervention, based on widely accepted techniques and procedures in the education and training of children who display significant disturbed or disturbing behavior and developmental delays. These techniques and procedures include: well organized and controlled environment; precision teaching sequences (developed specifically for each child); pacing methods; reinforcement and extinction procedures; scheduling principles; integration of the child into group situations; and interdisciplinary staffing in planning a program for the child. (Becker and Engelmann, 1971; Hewett, 1965; Rimland, 1965).

The project provides education services to handicapped preschool children and their families that are consistent with the intent and spirit of Public Law 94-142. Particular emphasis is placed on providing educational and related services in the least restrictive environment (LRE). Furthermore, project staff strives for provision of the most cost effective educational and related services which is partially accomplished by emphasizing the utilization of parents and other volunteers in managing the programs developed by the project. By emphasizing the combination of LRE requirements and cost effectiveness (particularly community development and involvement), project staff has developed a comprehensive continuum of services which acts as an apportioning mechanism in the appropriate assignment of individual children from least restrictive and most cost effective programs to more restrictive and expensive programs.

B. **Organization of Program Components into a Comprehensive Preschool Program**

The following flow chart (Figure 1) graphically displays the organization of the related components (Comps).

Figure 1
Flow Chart of Comprehensive Services at Southeast Mental Health & Retardation Center


Comp #1
Magic Kingdom Screening (Referral)
Physicians, Parents School System, etc. Initiate Referral
Intake
Staffing
Is further Evaluation necessary
no
Are Additional Services Needed
no
yes
yes
Comp #4
TETC
Appropriate Evaluation Consultation Completed
Refer
Develop IEP
no
Re-staffing Is Preschool Program Appropriate
no
Refer to other agency or Reassure patient that no problems were detected
yes
Does Child have significant disorder, deviation or delay in development that are best met at
no
Are Parent Management Skills Lacking
yes
yes
Comp #2
PACT
Develop IEP
Comp #3
STP
Is Child Making Satisfactory progress
yes
Have Treatment Goals been met? Or he is he too old
yes
Plan for Aftercare and Linkage with School-Aged Programs
Discharge (End)
no
no
Modify treatment Plan (or IEP) and Implement
Continue Implementation of Treatment Plan

(Comp = Component)

Magic Kingdom (Comp #1) screenings are scheduled periodically in Fargo and the surrounding community. All children (years 3.5 to 6) and their families in each region are asked to participate and children who exhibit low screening scores are referred to the Center for intake interviews. Children are also referred to the project from community agencies/persons including pediatricians, Head Start, public schools, child care agencies and parents. Upon receipt of a referral from any source, an interview is scheduled with the parent or legal guardian of the child. During the initial interview, information is obtained on the child from the parent in reference to: the pregnancy and delivery of the child; the child's attainment of developmental milestones (crawling, walking, etc.); the child's health history; the child's behavior at the current time; and the familial history of the child. During the interview, the parent or legal guardian is given the Alpern-Boll Developmental Profile. This is a parental questionnaire which measures a child's functioning in five developmental areas (i.e., physical, self-help, social, academic and communication). The data from the intake interview are then collated and analyzed.

Utilizing collated data from the intake procedure, the child is then staffed by the project's multi-disciplinary team. The team includes clinical diagnosticians, a speech and language consultant, special and regular educators, a psychologist and child development specialists. As a function of the staffing, it may be decided that further evaluation is needed (psycho-educational evaluation, a speech and language evaluation, etc.) or that the child should be referred elsewhere for appropriate services. As can be seen from Figure 1, if the child receives further evaluation, he or she would be restaffed when the evaluation is complete. After review of the new evaluative data, the child and his/her family may be referred to other community agencies specifically designed to deal with the child's handicapping condition or may be placed in one of the Center's programs (Comps #2 - #4). If the child is seen by the multi-disciplinary team as exhibiting mild behavior problems or other behavioral disorders, his or her parent(s) would be placed in the PACT group (Comp #2). However, if the child displays significant deviations or delays and remediation can be best effected in the home, he would be placed in STP (Comp #3). If such intervention can be most effectively implemented in a more controlled environment, he would be placed in the TETC (Comp #4). Prior to placement in TETC or STP, an Individual Education Program (IEP) is developed. The IEP is monitored through data collection procedures and revised if no progress is shown. Once the goals of the IEP have been met, or the child becomes old enough to be eligible for a public school placement, linkage with appropriate after-care agencies is provided.

At any point after the staffing and evaluations, the child may be referred to the Center's Medication Review Committee for evaluation in terms of potential medication. This indicates, as shown by Figure 1, that additional services are routinely obtained for each individual child from within or outside of the Center as appropriate.

C. Description of the Comprehensive Program's Related Components

1. Comp #1 - The Magic Kingdom: A Preschool Screening Program

As the flow chart (Figure 1) indicates, initial referral may come from the first component of the comprehensive program, The Magic Kingdom: A Preschool Screening Program. In this component, children proceed from castle to castle within The Magic Kingdom and are directed to perform a variety of developmental tasks. Parent volunteers, manning the various castles in the screening process, are trained to encourage the children to engage in the developmental tasks. The parents are also trained to observe and record the children's behavior. The basic premise of The Magic Kingdom is to obtain a large sample of the child's behavior on a variety of tasks. On the basis of these data, decisions on the need for further evaluation of the child are made. The use of parents provides two benefits. The first is cost effectiveness, which is maintained by the use of parent volunteers. The second benefit is the training the parents receive in working with children, developmental tasks and behavioral observation systems.

2. Comp #2 - Parents and Children Together (PACT)

After admission and determination of appropriate placement (via staffings), children may be placed in this second component of the comprehensive program, which is again on the prevention side of the continuum: the Parents and Children Together Program. PACT is a program for parents who appear to lack behavior management skills and consequently their children are experiencing mild to moderate emotional difficulties. The PACT Program, then, is for preschool children who are experiencing and/or have high risk of experiencing future emotional/behavioral problems. The PACT component is based on a community dynamics approach to parent education. A parent initiator is recruited and he or she, in conjunction with the project staff, forms a group of parents who meet informally in members' homes or community facilities. Written packets prepared by the project staff on behavior management, sensory-motor, social-emotional, intellectual and language development are assigned to be read at home and then discussed at the parent meetings. In addition, the PACT materials include suggested activities and exercises for the parents to conduct with their child at home. A modified token economy is used as a parental motivational technique. That is, attendance, completion of parent-child activities, reading the materials and performance of other related PACT activities are reinforced with PACT Dollars/Tokens. The PACT Dollars can then be exchanged by the parents for educational toys and materials for their children. Parent motivation is also positively affected by the peer support structure (parent group) intrinsic to the design of the program.

3. Comp #3 - Stimulating to Potential (STP)

The third component, Stimulating to Potential (STP), begins the intervention side of the continuum of the comprehensive programs, and is the home teaching component. Teaching activities are implemented with handicapped infants and very young children (CA: 0-6 years) by the parents in their home under the careful supervision and consultation of the home teacher. The component directly involves parents in the education of genetically or other handicapped children who are identifiable at a young age. Parents are shown by the home therapist what to teach, what to reinforce, and how to observe and record behaviors. The rationale for home teaching is that the home environment appears to be more conducive for learning due to the child's young age. This component utilizes the Developmental Individualized Program (DIP) (Gingold, et.al., 1973) as the fundamental curriculum tool. DIP is essentially a sequential behavioral curriculum which includes five areas of development (i.e., physical, self-help, social, academic and communication). The home therapist assists the parents by developing the teaching techniques surrounding the implementations of the curriculum and by "trouble shooting" the programs once implemented.

4. Comp #4 - Therapeutic Evaluation and Treatment Center (TETC)

This program is the most intensive end of the intervention continuum. This Center-based component serves the more severe multi-categorically handicapped children ages 3-6 years old.

In keeping with the spirit and intent of P.L. 94-142, each child in TETC and STP has an Individualized Education Program (IEP) which is based not only on the child's weaknesses but also his strengths. All group activities are individualized to the skill level of group members. For example, in the fine motor development area, one child in a group may be required to trace his name, another to produce his name from a series of dots, a third child may be required to reproduce a letter from a model and still another child to print his entire name without a model. The activity would be determined by the child's previous performance on those tasks.

The focus of TETC is the emphasis on the positive aspects of a child's behaviors. Good work or attempts at good work, depending on the skill level of the child, are met with praise from the therapist (e.g., "That's a very nice picture you drew") and occasionally with edible reinforcers or other tangible reinforcers. Inattentive, disruptive or poor quality academic behavior is ignored. Furthermore, in the group situation, these undesirable behaviors cue the therapist to praise another child who is engaged in appropriate behaviors. In addition, precision teaching techniques (e.g., rapid pacing of materials, choral responding and signals) are incorporated into preacademic activities whenever applicable. Similarly, time allotment for completion of tasks, rate of presentation of materials, correction procedures, etc. are individualized to specific children. Finally, activities in TETC are alternated between liked (usually gross motor, toys, juice time, etc.) and disliked (usually language, counting, etc.) activities (Wasik, 1970). Alternation is designed to facilitate completion of disliked activities (a child can only play with the toys after completing his writing exercise) and to accommodate the short attention span of young children. Liked and disliked activities are identified based on the child's past performance.

D. Parent Involvement

Parents and the community are actively and instrumentally involved in all phases of each component as part of the basic philosophic orientation of the program. Parent involvement in PACT (Comp #2), STP (Comp #3) and The Magic Kingdom (Comp #1) has been described above. Also, closely linked to any child's involvement in TETC is parent education/training. This is predicated on the principle that parents play a major role in the development of children. In TETC, four discrete stages are followed in parent training.

First, upon enrollment in TETC, parents are required to sign a contract indicating that they will spend one (1) hour in TETC for every four (4) hours their child spends in the program. (Treatment is not refused for failure to meet the requirements of the contract based on situational constraints.) Secondly, the parent observes three or four programming sessions from the observational rooms. Immediately after the session, feedback on what happened and why is given to the parent by the therapist. In addition, the therapist answers any questions the parents might have. Next, the parent assists the therapist in conducting the group. This stage, of short duration, is designed to adapt the parent to the educational environment. Finally, the parent actually conducts the activities with his or her own child and/or other children in the group. The group therapist provides immediate feedback to the parent either immediately after the session or via a "Bug-in-the-Ear" device during the session. In this step, parents demonstrate mastery of the educational techniques utilized in

TETC. As with the children's activities, all parent training activities are individualized according to the skill level of the parents.

Parent involvement in the various components of the comprehensive program also provides both formal and informal feedback from parents which stimulates staff to increase both the quality and quantity of services.

VI. EVIDENCE OF EFFECTIVENESS:

Analysis of program effectiveness for each program component will be presented separately. Also presented is information on program component cost for replication and site replication data.

A. Comp #1 - The Magic Kingdom: A Preschool Screening Program

The Magic Kingdom: A Preschool Screening Program provides local communities, school districts and parents a reliable, low cost, and comprehensive screening of a large number of children in a short period of time. The program screens a variety of developmental tasks and identifies children in need of further evaluation. The screening program uses parent volunteers to administer the instrument thus maintaining cost effectiveness and fostering parent education and involvement.

Evaluation of effectiveness of The Magic Kingdom is presented in terms of its comparison with the Metropolitan Readiness Test (validity), the reliability of parents as observers and the number of children identified through follow-up screening as being handicapped.

1. Magic Kingdom raw screening scores showed a(Pearson product moment correlation) coefficient of .90 with the Metropolitan Readiness Test raw scores. This correlation coefficient was significant at the .005 level. Numerous studies have shown the Metropolitan Readiness Test to be a valid predictor of future success or failure, thus The Magic Kingdom is also a valid test (Amundson, 1972).
2. Approximately 2,000 children's Magic Kingdom scores were summarized to produce screening guideline scores. The screening program uses these means for examining further those children who fall one or more standard deviations below the mean scores in a given group (by age and sex).
3. On a given occasion, The Magic Kingdom will identify approximately 30% of the children as being in need of further evaluation on a given application of the instrument. This identification process, then, includes a relatively high rate of false positives. Follow-up evaluation on 1,500 children screened shows that 9.8% of the children had some identifiable handicap. It is further assumed that this high rate of false positives precludes the existence of false negatives (i.e., children whose screening scores indicate no need for follow-up evaluation, but who are indeed handicapped).
4. An observer-reliability measure was taken where 576 parent observations were simultaneously made by trained child-care professionals. Each of their scores was matched with the scores of the parent volunteer screeners. The overall percent of agreement was 90%, demonstrating that parents are reliable observers.

The Magic Kingdom's contribution, then, goes beyond that of other basic screening programs for preschool children. It is a screening program that parents actually conduct, thus maintaining cost effectiveness and simultaneously facilitating community/parent development, involvement and home-parent education.

B. Comp #2 - Parents and Children Together

PACT is a parent education program. This program provides a high degree of parental involvement (parent attendance was maintained throughout the program), enhances learning of content material concerning developmental areas, trains parents to successfully implement behavior change programs, and increases parents' positive attitudes toward their children.

Evidence of program effectiveness for the PACT Program consists of 1) the number of PACT groups conducted, 2) the number of parents and children served, 3) the frequency of attendance, and 4) pre/post-test score comparisons on the contents of the learning packets. Also, in order to assess the direct effects of parent participation in PACT on children's behavior, behavior management projects were undertaken by parents. From January 1, 1974 through May, 1977, sixteen (16) PACT groups have been initiated. These groups represent 243 parents and 323 preschool children from the project's six county catchment area. Of the sixteen (16) groups, three (3) were from the Fargo and West Fargo Head Start groups; seven (7) were in rural towns of less than 5,000 population; two (2) were in towns of 5,000 to 10,000 population; two (2) were Fargo groups whose children were directly involved with the Center (TETC); one (1) was a Fargo low-income neighborhood group; and one (1) was a Fargo middle-class neighborhood group.

The average rate of attendance over all sixteen (16) groups for nine (9) sessions was 75%. The range of parent attendance was 63% to 94%. Any parent who attended at least twice was considered a member even though some moved, were hospitalized, secured jobs, etc. during the time the group met. These data indicate a high level of parental involvement in the PACT Program. It should be further noted that these data are contrary to current literature findings relative to the maintenance of parent involvement in preschool programs (e.g., Head Start, parent education programs).

Evaluation of the PACT training process for cognitive gains made by parents was conducted by using pre- and post-test score comparisons on the contents of five of the learning packages. These data are presented in Table I. Major gains in the number of correct answers were made on the post-test across all groups on the contents of these packages. Overall, the following mean percent gains on paper and pencil pre- and post-tests were observed via the 16 PACT groups.

Table I

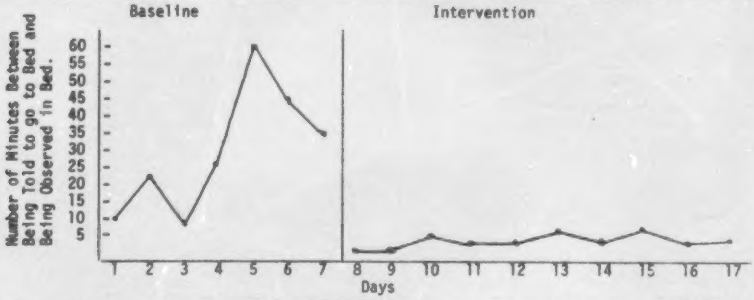
Percent Gains from Pre-Test to Post-Test on PACT Learning Packets.

LEARNING PACKET TITLE	POST-TEST GAIN IN PERCENT
1) Prenatal and Sensory Motor Development	24%
2) Social and Emotional Development	19.5%
3) Intellectual Development	21.7%
4) Language Development	22.4%
5) Behavior Management	20.4%

Further evalution was designated to assess the effectiveness of PACT (Comp #2) in training parents to deal with problem behaviors exhibited by their children. Each parent involved in the group identified a behavior of one of their own children which they wanted to change. The following is a representative example of the type of behavior change the project conducted by parents with their own children in their own home.

Figure 2

Desired Behavior: Tim will be in Bed within a 15-Minute Period of Time after he is Told.



In this instance, it can be seen that prior to training through the PACT Program, there were large amounts of time (i.e., 10 to 60 minutes with an average of 30 minutes for days 1-7) elapsing between the time this child was told to go to bed and was actually in bed. After PACT training, however, the time between being told to go to bed and being in bed ranged from one to five minutes with an average of two minutes (days 5-17). Thus, the data showed that the time between being told to go to bed and being in bed was greatly reduced.

The majority of parents subjectively reported success at implementing similar behavior management programs and their satisfaction that the goals they set had been met. One PACT group (N=19) was analyzed to objectively determine the effectiveness of training as measured by the success of behavior management programs. In this group, 79% (or 15 out of 19) of the behavior management programs met an objective standard for success. That is, a program was considered successful if intervention levels demonstrated noticeable change in the desired direction from baseline levels.

Finally, a parent attitude survey was administered before and after training. The results of this survey showed a positive overall increase in parents' attitudes toward their children.

The data presented above showed that the PACT Program maintained a high rate of parent attendance; there was positive gain in the cognitive skills of parents as indicated in pre/post-test comparisons of information learned and the training was successful in teaching parents to design and carry out behavior change projects for their own children in the home. Also, there was a positive increase in parents' attitudes toward their children. These data provide evidence that PACT is a highly effective parent training program which has substantial impact on the behavior of children displaying or in danger of developing emotional difficulties and consequently eliciting negative attitudes from their parents.

C. Comp #3 - Stimulating to Potential

STP is a unique home-based program which involves parents in the direct teaching of their handicapped children. The STP program trains parents how to teach their children. Involvement in the program has resulted in increases in the children's rate of development.

The Alpern-Boll Developmental Profile was utilized as a pre/post-test evaluation measure on the STP Program (Comp #3). All staff were oriented to the Alpern-Boll Developmental Profile Manual (1972) and trained in the administration of the Profile. The Alpern-Boll is a standardized instrument and the five scales of the instrument (i.e., self-help, physical, social, academic and communication development) relate directly to the Individual Education Program (e.g., learning objectives) for the children in the STP Program.

Pre/post-test score comparison and analysis of rate of developmental gain of children served through the STP Program component demonstrated the effectiveness of this program. The Alpern-Boll Developmental Profile was administered on a pre/post basis to the 39 children who receive STP intervention for at least six months between January, 1974, to May, 1977. These 39 children were not served directly by either PACT or TETC. The mean time from pre-test to post-test was 10.16 months. Table II shows the results of this analysis.

Table II
Mean Pre/Post Test Scores, Actual Months Gain, and Rate of Gain on Alpern-Boll Developmental Profile Prior To and Following STP Intervention (N=39)

			Sub-Test			
	Mean CA	Phys. Dev.	Self-Help Dev.	Soc. Dev.	Academic Dev.	Comm. Dev.
Pre-Test	54.56	39.20	46.46	42.97	34.23	31.59
Post-Test	64.7	50.31	57.38	55.62	48.51	41.59
Actual Months Gain	10.16	11.11	10.92	12.64	14.28	10.00
Rate of Gain Per Month Prior to STP Intervention		.675	.845	.80	.65	.57
Rate of Gain Per Month During STP		1.09	1.07	1.24	1.41	.98
Statistical Significance*		$p < .10$	$p < .10$	$p < .01$	$p < .01$	$p < .01$

*A correlated means "t" test was used to determine the statistical significance (past learning rate as compared to learning rate in STP).

Average gains were observed in all five areas of development ranging from 10.00 actual months gain in communication development to 14.28 actual months gain in academic development over a period averaging 10.15 months. Furthermore, these data show that the mean rate of developmental gain for each of the five developmental areas prior to

STP intervention was less than one month for each month of chronological age. During STP intervention, however, the rate of developmental gain was increased to very close to a month for each month of chronological age.

These data show that involving parents in the direct teaching of their handicapped child through the STP Program resulted in an educationally (and statistically) significant increase in the children's rate of development. Further, the data suggest that the STP Program component is an effective home teaching program for handicapped infants and young children.

D. Comp #4 - Therapeutic Evaluation and Treatment Center

TETC is an exemplary program which provides assessment, individualized treatment, and follow-up support for children with more severe handicapping conditions. Parents participate in all phases of their children's evaluation and treatment by observing, assisting, and conducting activities. The use of the following treatment modalities: precision teaching techniques, reinforcement and extinction procedures, correction procedures, and scheduling of activities has resulted in an increase in the children's rate of developmental gain.

Evaluation of effectiveness for the TETC Program consists of the pre/post-test score comparisons on the TETC Skills Assessment, an assessment of developmental skills.

From June 30, 1976, to April 30, 1978, the TETC Skills Assessment measure was used to evaluate the progress of 32 children who had participated in the program at least six months. This is the minimum time period judged sufficient to allow developmental gains to be attributable to variables other than test/retest improvement.

The TETC Skills Assessment was designed by project staff to provide an estimate of the child's skill functioning level in four areas of development: Language-Cognitive, Personal-Social, Gross Motor and Fine Motor. Use of the TETC Skills Assessment enables the therapist/teacher to: identify developmentally (age) appropriate behavioral objectives for each child; measure pupil progress; and provide specific information relevant to pupil learning.

A hierarchy of developmentally appropriate behaviors, drawn from recent normative data (as reported in the manuals of instruments listed below) is included in the TETC Skills Assessment. The following is a partial list of references used in the development of the TETC Skills Assessment for preschool children:

Bayley, Nancy. *Bayley Scales of Infant Development*, New York: The Psychological Corporation, 1969.
Cattell, P. *Cattell Infant Assessment Development*, New York: The Psychological Corporation, 1940.
Mecham, Merlin J., Jex, J. Lorin, and James, J. Dean. *Utah Test of Language Development*, Salt Lake City, Utah: Communication Research Associates, Inc., 1967.
Quick, Alton D., and Campbell, Ann A. *Project Memphis*, Dubuque, Iowa: Kendall/Hunt Publishing Company, 1976.
Sanford, A.R. *Learning Accomplishment Profile*, Chapel Hill, North Carolina: University of North Carolina Printing Department, 1974.
Terman, L.M., and Merrill, M.A. *Stanford-Binet Intelligence Scale (L-M)*, New York: The Psychological Corporation, 1960.
Weschler, David. *Weschler Intelligence Scale for Children-Revised*, New York: The Psychological Corporation, 1974.

Detailed instructions and recording charts are included in the TETC Skills Assessment manuals for administration and scoring. The testing is standardized through the use of administrative manuals which give specific procedures and criterion for each child's response. Children in this sample were not served by other program components (i.e., STP, PACT). Table III presents the results from this evaluation. Presented are the pre-test and post-test scores as well as the rate of developmental gain in months prior to TETC intervention and following intervention.

Gains were recorded in the four areas of development (ranging from 8.11 actual months gain in Gross Motor skills to 11.65 actual months gain in Language-Cognitive development during the 6.9 months of actual involvement). It can also be seen that the mean rate of developmental gain across all four areas prior to TETC intervention was less than one month for each month of chronological age. Following TETC intervention, however, the rate of developmental gain was increased to well over a month for each month of chronological age.

These data show that direct therapeutic intervention through the TETC Program component resulted in an educationally (and statistically) significant increase as reflected by developmental scores and the children's rate of development. These data provide evidence that the TETC Program component is an effective intervention program for handicapped children.

Table III

Mean Pre/Post-Test Scores, Actual Months Gain and Rate of Gain Prior To and Following TETC Intervention on Staff Designed Developmental Evaluation (TETC Skills Assessment N=32)

	Mean CA	Language Cognitive	Personal Social	Fine Motor	Gross Motor
Pre-Test	60.40	43.50	45.90	45.40	42.90
Post-Test	67.30	55.15	56.02	54.13	51.01
Actual Months Gain	6.9	11.65	10.12	8.73	8.11
Rate of Gain Per Month Prior to TETC Intervention		.72	.76	.75	.71
Rate of Gain Per Month During TETC Intervention		1.70	1.50	1.30	1.20
Statistical Significance*		$p<.01$	$p<.01$	$p<.02$	$p<.05$

*A correlated mean "t" test was used to determine the statistical significance (past learning rate compared to learning rate in TETC).

VII. COST ANALYSIS OF PROGRAM COMPONENTS:

The costs of the four related components of the comprehensive preschool program were analyzed. According to the analysis, The Magic Kingdom: A Preschool Screening Program (Comp #1) costs $4.00 per child to conduct. This includes the cost of the professional screening coordinator's time for training parent volunteers, securing a screening site and the cost of consumable test materials and actually conducting the screening. It assures that parents are unpaid and that actual screening space is secured without cost. The PACT Program (Comp #2) costs $30.00 per family to replicate. PACT costs include the coordinator's time in recruiting and training a parent initiator; coordinator's average travel time and time spent in attending PACT meetings; follow-up data collection and responding to the parent initiator's questions; purchase of secretarial time; supplies, postage and notebooks; and the costs of the token economy system. It assumes that a community location or one of the parent's homes is utilized for the actual PACT meeting place at no cost. An average STP Program (Comp #3) costs $135.00 per month or $1,215.00 per year to conduct (4.5 visits per month for nine months) per family. The TETC Program (Comp #4) costs $147.84 per month. The average child receives four 2.5 hour days per week for nine months at a cost of $1,331.00 per year. Both TETC and STP costs include: staff salary; materials and supplies; utilities and space rental. Additionally, STP costs include travel (both time and actual cost). Neither figure includes administration nor clerical support.

Sources and Level of Funding

	STP		TETC	
	INSTALLATION (Non-recurring Costs)	SUBSEQUENT YEARS (Recurring Costs)	INSTALLATION (Non-recurring Costs)	SUBSEQUENT YEARS (Recurring Costs)
Personnel	$ 8,741	$8,741	$18,824	$18,824
Personnel Training	500	300	2,500	1,000
Facilities	--	--	3,800	3,800
Equipment & Materials	500	100	8,000	200
Consumables	79	79	300	300
Other Costs - Specify:				
transportion	500	500	150	150
consultations	--	--	4,080	4,080
Total	$10,320	$9,720	$37,654	$28,354

*Based upon number of children served:
N=10 for STP
N=21.3 for TETC

VIII. SITE REPLICATION:

A large number of professionals who serve preschool children have received training and technical assistance for the purpose of partially or totally replicating the major components of the project. The chart below summarizes the number of people trained for the period of June, 1975, through June, 1978. The data reflect the number of children served for June, 1975, through June, 1977.

Table IV

	6/75 - 6/78 Number of Programs	6/75 - 6/78 Number of People Trained	6/75 - 6/77 Number of Handicapped Children
TETC Replication	7	8	193
PACT Replication	17	60	51
Magic Kingdom Replication	31	135	1,129
Partial TETC/STP/PACT Replication	16	121	290

These data indicate that a substantial number of preschool programs in North Dakota as well as other states (e.g., Colorado, Oklahoma, Montana, South Dakota, Minnesota, etc.) have received training and/or replicated one or more of the program components. The programs have been most frequently replicated in rural areas since these were the areas they were designed to serve. Data collection to date from replication sites demonstrate that similar results, to those reported above on all four components, were obtained by each site replication. Replication data are obtained through periodic telephone contact by project staff. This routine telephone contact serves a support function for site replication personnel, who can also initiate telephone contact at their convenience for continued training or ongoing support.

Replication experience has shown that two days of training for paraprofessional level staff is sufficient for appropriate replication of The Magic Kingdom: A Preschool Screening Program (Comp #1). Two to five days of training are required for replication of PACT (Comp #2). Paraprofessional staff can replicate PACT but generally require more training (four to five days) than professional staff (two to three days). Five days training are required to replicate STP (Comp #3) by Bachelors or above level professionals. Five to fifteen days are required to replicate TETC (Comp #4) by professional staff, depending on experience and background.

IX. SUMMARY:

The data contained herein provide evidence on the effectiveness of the Comprehensive Preschool Program for Rural and Non-Urban Areas. Each of the four related components has been shown effective through project data collection procedures and resultant analysis of those data for educational, practical and statistical significance. Furthermore, cost analysis demonstrates that the individual components are cost effective and this is further supported by site replication data.

WHAT IS THE MINN-KOTA'S REGIONAL PERSONNEL TRAINING CONSORTIUM?

The Minn-Kota's Regional Personnel Training Consortium for Behaviorally Handicapped Preschool Children is composed of the Southeast Mental Health and Retardation Center, Fargo, North Dakota, and six institutions of higher education:

North Dakota State University, Fargo, North Dakota
University of South Dakota, Vermillion, South Dakota
University of North Dakota, Grand Forks, North Dakota
Valley City State College, Valley City, North Dakota
Mayville State College, Mayville, North Dakota
Bemidji State University, Bemidji, Minnesota

The Consortium provides inservice and preservice training programs to parents, administrators, teachers, para-professionals and other personnel involved in the education and treatment of autistic and other mildly/severely behaviorally disordered young children from North Dakota, South Dakota, & western Minnesota.

HOW IS TRAINING PROVIDED?

Five levels of preservice and inservice training are available through Consortium workshops and symposia and are conducted for parents as well as for pre and inservice professionals. Topics such as the development of programs and appropriate services for behaviorally disordered young children, legislation, parental involvement, parent education, and intervention approaches are addressed.

A three credit hour course is offered to inservice and preservice teachers on classroom and instructional management of children with behavioral handicapping conditions.

A three week competency based practicum and a ten week practicum are administered through the Children's Services Department at Southeast Mental Health and Retardation Center. The practicum experiences provide both therapeutic and theoretical application of behavioral techniques to the management of young handicapped children and their families.

WHO CAN PARTICIPATE IN THE TRAINING?

Workshops and symposia are open to all interested members of the public but are specifically designed for parents of young children and for persons interested in preschool special and regular education.

The practicums are available to students from the Consortium member institutions on a credit basis and are based on criteria established by each institution. Additional persons may attend the practicums on a fee basis.

For additional information contact: (701-237-4513 - Ext. 70)

Children's Services
Southeast Mental Health
and Retardation Center
700 First Avenue South
Fargo, North Dakota 58102

FOR INFORMATION OR SERVICES PLEASE COMPLETE AND RETURN THIS CARD

YOUR NAME________________________________ POSITION______________________________

EMPLOYED BY______________________________ BUSINESS PHONE__________ HOME PHONE_______

MAILING ADDRESS____

CITY_________________________________ STATE________________________ ZIP_________

Information or Services Requested:

____Additional information on the three credit course in Instructional Management
____Additional information on a specific program at: __________________________
____Information on workshops and symposia dates and topics
____I would like an opportunity to visit the practicum site
____I would like to participate in your three-ten week practicum
___ Other:____

Children's Services
SOUTHEAST MENTAL HEALTH
AND RETARDATION CENTER

700 FIRST AVENUE SOUTH
FARGO, NORTH DAKOTA 58102

PEOPLE SERVING PEOPLE

N.D.
N.D.
MINN.
N
126
325
Grand Forks
Bemidji
109
MINN.
200
151
N.D.
115
Mayville
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Fargo
MINN.
259
Valley City
222
399
242
MINN.
N.D.
S.D.
359
209
152
S.D.
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173
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MINN.
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201
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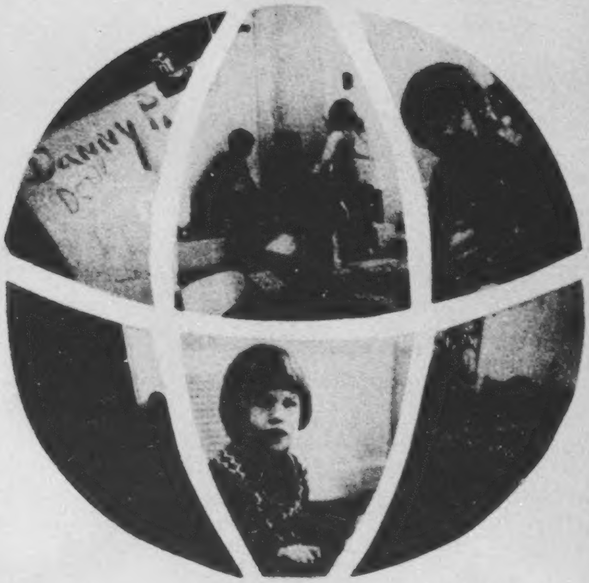
Vermillion
S.D.

TETC



An Educational and Research Program
to Provide
Evaluation and Treatment
of
Pre-school Children

The Therapeutic Evaluation and Treatment Center, which is located at Children's Village, provides comprehensive out-patient evaluation and treatment of pre-school children. The evaluation is encouraged because of the importance of early identification of handicapping difficulties in planning and preventing serious problems later. No fees are being requested for the services of our professional staff.

Services

- Evaluation of children, six months to eight years, who may be developmentally delayed, serious management or behavior problems or otherwise handicapped
- Classification of disabilities in order to select training activities for individualized instruction
- Short term and long term treatment in area of weakness
  - Cognition
  - Self-Help
  - Motor
  - Language
  - Socialization
  - Academic
- Ongoing evaluation
- Participation in and implementation of treatment programs by parents

Referrals

may be made by:

Individual families

Day Care Centers

Area Social Services

Local Head Start Programs

Physicians

County Public Health Nurses, etc.

The six county welfare departments

North Dakota Association for Retarded Children

Cass County Children's Social Service Center,
Catholic and Lutheran Social Services,
Children's Village
Fargo Pre-School Program

Any concerned agencies or persons

- For Further Information
  Concerning TETC
  Therapeutic Evaluation and Treatment Center
  Contact:
  Dr. Wm. Gingold
  Director, Children's Services
  Southeast Mental Health & Retardation Center
  700 1st Avenue South
  Fargo, North Dakota 58102

  Phone (701) 237-4513

Therapeutic Evaluation and Treatment Center

Southeast Mental Health and Retardation Center
Children's Services Program

1974

PARENTS AND

PACT

CHILDREN TOGETHER

PACT Parents And Children Together

Because we believe that BEING A PARENT

--Is increasingly difficult
--Is the most important responsibility we have
--Involves being a vehicle for motivating our children

And because we believe that A CHILD

--Is the most important natural resource we have
--Is developing potential for everything he will be in life
--Learns best by following the encouragement and example given by his parents

PACT WAS CON

PACT'S GOALS ARE:

--To nourish, preserve, and rekindle achievement - motivation in preschool children by having parents learn the process of normal child development

--To give parents the opportunity to share with others questions and answers, successes and failures, and concerns of the everyday task of parenting

Being a PACT PARENT

--Is meeting with other parents

--Is learning and using information to help your children

--Is getting answers to your questions about children

--Is doing projects and assignments that help you learn about the physical, mental, and emotional growth of your child

--Is earning PACT DOLLARS to buy toys and educational materials for your child

--IS FUN!

PEOPLE SERVING PEOPLE

SOUTHEAST MENTAL HEALTH
AND RETARDATION CENTER

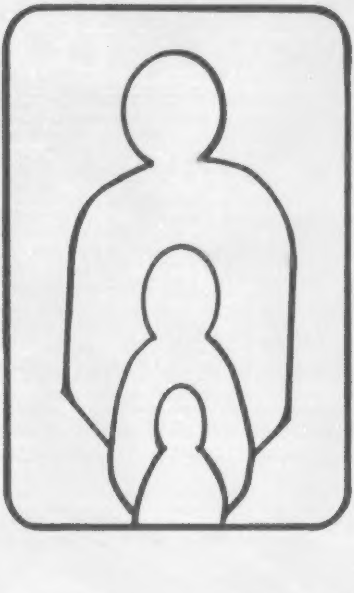
700 FIRST AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513

Dr. Wm. Gingold
Director of Children's Services

Kay McDonald
Community Dynamics Specialist

STP

Stimulating To Potential



Parents and Children Working Together

STIMULATING TO POTENTIAL (STP)

STP will focus on the pre-school child and what parents can do to provide their children with a stimulating environment.

It is now known that a child's most active period of growth, both physically and intellectually takes place between birth and four years. By providing a stimulating environment, most children are helped immeasureably in the acquisition of skills needed for future school and life experiences.

STP will be accomplished through an in-the-home training program. Various learning concepts will be shared through learning toys, demonstrations and current learning techniques. It will be a fun time of learning together for parents and children with a minimum demand of time.

HOME VISITS

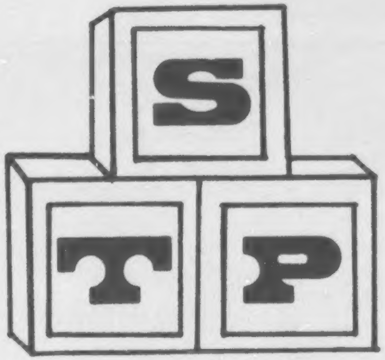
Home Specialists will be available for weekly in-the-home visits. They will be instructing parents in methods which will encourage growth of communication, social and motor skills.

AGE ELIGIBILITY:

Children from birth to 8 years will be considered for the program.

REFERRAL SOURCES:

Physicians, Public Health Nurses, Headstart and other pre-school programs, social agencies, and parents can refer children to the Center for this service.



COSTS

No charge to eligible and accepted children.

OTHER ADVISORS:

Speech

Hearing Clinicians

Psychologists

Psychiatrists

Social Workers

Diagnosticians

Behavioral Consultants

AREAS OF EMPHASIS:

- ... Developing child's skills
- ... Home Visits
- ... Evaluation
- ... Parent training

ADMISSION TO PROGRAM:

Contact:
Southeast Mental Health and
Retardation Center
700 1st Avenue South
Fargo, ND 58102
Phone: 237-4513

ADVISORY BOARD:

4C's - Coordinated Community
Child Care

An 18-member board group from the Fargo-Moorhead area.

FUNDED BY:

Department of Health, Education and Welfare

SOUTHEAST MENTAL HEALTH AND RETARDATION CENTER

CHILDREN'S CENTER PRE-SCHOOL PROGRAM

SERVING THE COUNTIES
IN SOUTHEAST NORTH DAKOTA

- .. Ransom
- .. Richland
- .. Sargent
- .. Steele
- .. Traill
- .. Cass

For additional information write or call:

Southeast Mental Health and
Retardation Center
700 1st Avenue South
Fargo, ND 58102

Phone: 237-4513

EARLY CHILDHOOD PARENTING CLASSES

Co-Sponsored by:

St. John's Hospital
and
Southeast Mental Health
and Retardation Center's
Children's Services

To Be Held At:

St. John's Hospital
Fargo, ND

All sessions begin at 7:45 p.m.

April 3	"Language Development of the Young Child" John Bullett, Speech and Language Consultant
April 10	"Helping Your Child Develop a Healthy Self-Concept" Kay McDonald, Child Development Specialist
April 17	"An Evening with a Pediatrician" Dr. Thomas Mausbach, Pediatrician - Dakota Clinic
April 24	"Teaching Techniques for Parents" Peg DuBord, Child Development Specialist
May 1	"Behavior Management Techniques - Now's the Time to Learn Them" Peg DuBord, Child Development Specialist

The entire program is open to the public at $6.00 per couple and $5.00 per individual.

For further information call:

Peg DuBord - 237-4513, extention 358
Ronnie Allen - 232-3331, extention 326

DEPARTMENT OF CHILDREN'S SERVICES

PUBLICATIONS AND PRICE LIST

Southeast Mental Health and Retardation Center
108 South 8th Street
Fargo, North Dakota 58103

(701) 237-4513

QTY	
	Child Management Brochure: Synopsis of a program which provides parents with the opportunity to learn behavior management skills. COST: Free
	PACT Questions and Answers: Answers to the most common questions about the Parents and Children Together Program. COST: Free
	STP Home Teaching Program - Questions and Answers: Answers to the most common questions about the Stimulating to Potential Home Teaching Program. COST: Free
	TETC Questions and Answers: Answers to the most common questions about the Therapeutic Evaluation and Treatment Center. COST: Free
	PACT PROGRAM PACT Administrative and Procedural Manual: A description of procedures for implementing the Parents and Children Together Program. COST: $5.00
	PACT Learning PAC (Set of 8): Eight parent training packets on child development and behavior management techniques with suggestions for appropriate developmental activities. Topics include: Prenatal and Sensory-Motor Development, Social and Emotional Development, Intellectual Development and Language Development, Specifying behavioral problems, Recording baseline data, Choosing intervention programs, and Maintaining desired behaviors. COST: $7.50 (separately: $1.00 each)
	Learn and Earn Together Catalog: Catalog showing age-appropriate developmental stimulatio materials (toys, books, records, etc.) for parents to use with preschool children. COST: $3.00
	PACT for Special Needs Packets (Set of 8): Eight parent training packets on child development and behavior management techniques for children with special needs. Topics include: Introduction to the Child with Special Needs, First Behavioral packet, Second Behavioral packet, Learning to Learn, Sensory-Motor and Intellectual Development in Infancy and Early Childhood, Children's Social and Emotional Development and Concerns and Attitudes of Parents of Handicapped Children, Children with Special Needs in Language Development, and Teaching Self-Help Skills. COST: $7.50 (sold separately: $1.00 each)
	MAGIC KINGDOM SCREENING Magic Kingdom Screening kit: Kit to implement the Preschool Screening Program. Children between the ages of 3½ and 6 can be screened on this program. Kit includes manual, 25 student profiles, stimuli cards and materials. COST: $39.00 plus postage
	Items sold separately: Administrative and Procedural Manual: Describes the procedures for planning and implementing a comprehensive preschool screening program using parents as screeners. COST: $5.00
	Parental Assessment of Child Scale: A questionnaire designed for parents to complete at home relating to their preschool abilities in the motor, language, visual perception and social-emotional areas of development. Includes norms. COST: $1.00 Additional copies of scale: COST: 15¢
	Self-Concept Test: A 15-item test where children indicate their perception of themselves in their relationships with others and their confidence in themselves and their abilities. Includes norms. COST: $1.50
	STP/TETC PROGRAMS STP/TETC Administrative and Procedural Manual: A description of procedures and materials for implementing the Stimulating to Potential Program and the Therapeutic Evaluation and Treatment Center. COST: $5.00
	TETC Skills Assessment: An assessment which measures a child's functioning in four developmental areas: language-cognitive, gross motor, fine motor, and personal-social. All areas have anadministration manual and scoring booklet. A parental questionnaire is also included in the personal-social area. COST: $10.00 (each area sold separately: $2.50) Additional scoring booklets COST: 10¢ each
	Behavioral Curriculum for Teaching Colors: A step-by-step program designed for teachers, parents and paraprofessionals to teach color recognition. The curriculum includes not only sequential steps, but also reinforcement procedures, correction procedures, and activities to promote generalization of activities. COST: $2.50
	Behavioral Curriculum for Teaching Coins: A step-by-step program designed for teachers, parents and paraprofessionals to teach coin recognition. The curriculum includes not only sequential steps, but also reinforcement procedures, correction procedures, and activities to promote generalization of activities. COST $1.00

Behavior Management Training Packets:

- Approaches to Managing Difficult Behaviors: COST: 50¢
- Behavior Management Definitions: COST: 50¢
- Behavior Management: Antecedents, Behaviors, Consequences: COST: 50¢
- Behavior Management: Eliminating Undesirable Behaviors: COST: 50¢
- Behavior Management: Increasing Desirable Behavior: COST: 50¢
- Contingency Management: COST: 25¢
- Data Collection: COST: $1.00
- Entry Behaviors: COST: 50¢
- Imitation-Evaluation and Training: COST: 50¢
- Language Development I: COST: $1.50
- Language Development II (Advanced Topics): COST: $1.00
- Objectivity and Subjectivity: COST: 25¢
- Rephrasing Instruction: COST: 25¢
- Scheduling Activities: COST: 50¢
- Verbal and Motor Imitation: COST: 50¢
- Response Suppression Techniques: COST: 50¢

GENERAL

The Basics of Behavior Management: A training packet for professionals, paraprofessionals and parents on behavior management techniques and alternative discipline methods. COST: $1.00

Developmental Prototypic Assessment: An extensive compilation of developmental skills classified at monthly intervals for ages 0-6 years in the areas of: gross motor, fine motor, cognitive, language and self-help skills. COST: $3.50

Socio-Emotional Readiness Scale: A socio-emotional readiness-for-school ranking scale using Q-Sort methodology and applicable to children about to enter first grade. Includes a copy of the scale and an administrative manual. COST: 50¢

Infant Evaluation Scale (with norms): An evaluation instrument to be used by parents in assessing the developmental level of their child (from birth to six months of age). COST: $1.00

Toys and Other Things for Children by Parents: A manual describing toys and activities to be used by parents to promote their child's development. COST: $2.00

Children and Television: A packet describing the physical and emotional effects television has on children. COST: $1.00

How To Cope: A packet on how to cope with everyday problems which can result in tension, anxiety, depression, anger, guilt, jealousy, and other human emotions. The packet describes Albert Ellis' theory of Rational Emotive Therapy which teaches people that they are responsible for their own feelings and actions. COST: $1.00

Nurturing Creativity in Preschoolers: A packet defining and describing creativity in the lives of young children. Includes activities in the areas of Sensory-Motor Awareness, Promoting Use of Imagination, Promoting Creative Cognitive Development, and Promoting Creative Means of Expressing Feelings. COST: $1.00

Child Insurance: Ways to Protect Your Child's Potential: This brochure describes hazards to the unborn and young child and ways to prevent handicapping conditions. COST: First one free - additional copies 10¢ each

Developmental Brochure Series: A series of brochures describing normal development in five major skill areas, parent's responsibilities and behavior management hints. COST: First one of each age free - additional copies 10¢ each

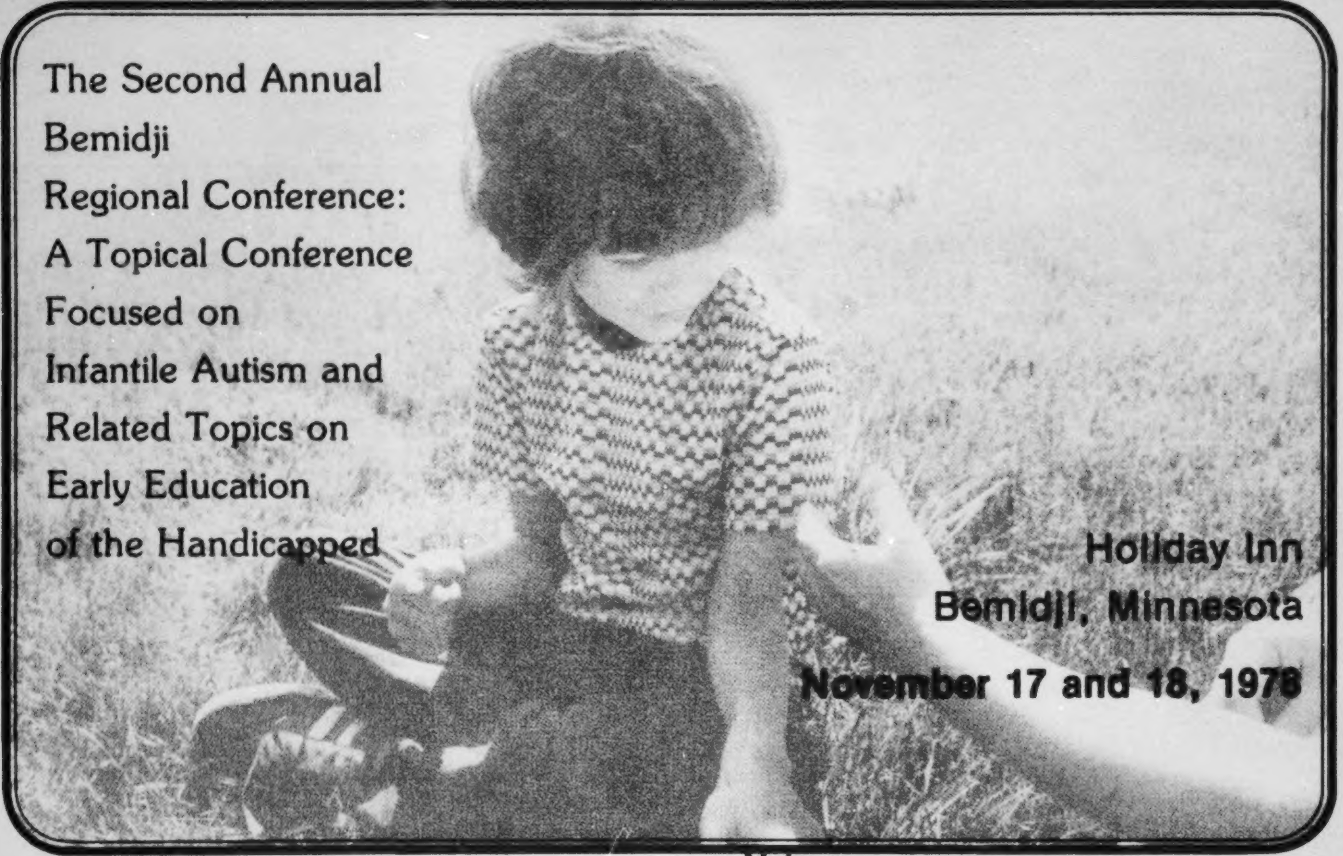
Your Child At Four
Your Child At Three
Your Child From Two To Three
Your Child From One To Two
Your Child From Birth To One

Ounce of Prevention: General Developmental Expectations for Preschool: This booklet has suggestions for parents, and older brothers and sisters to use at home with preschool children. Activities include language development, social-emotional development, numbers and counting, motor skills and learning by seeing. COST: 50¢

JTY	
	Ounce of Prevention: Speech Problems Associated with Cerebral Palsy and Other Neurologic Disabilities: Booklet describing causes and classifications and suggests activities for teaching children with cerebral palsy and other neurologic disabilities. COST: 50¢
	Ounce of Prevention: Stuttering in Children: Booklet describing possible causes and various approaches to treatment of stuttering in children. COST: 50¢
	Ounce of Prevention: Activities for Preschool Children: Booklet consisting of a variety of activities to be used by parents with preschool children. COST: 50¢
	Ounce of Prevention: Language Development in Preschool Children: Booklet describing language development from birth through age 5 with suggestions for stimulating language growth. COST: 50¢
	Ounce of Prevention: Articulation Disorders in Young Children: Booklet discussing identification and treatment of articulation disorders in children. COST: 50¢

APPENDIX C

Consortium Workshop Brochures



The Second Annual Bemidji Regional Conference: A Topical Conference Focused on Infantile Autism and Related Topics on Early Education of the Handicapped

Holiday Inn
Bemidji, Minnesota
November 17 and 18, 1978

INTRODUCTION

The conference is designed to facilitate the pre-service training of personnel to identify and deliver services to Autistic Preschool Children and Their Families. The conference will also highlight topics related to other handicapped preschool children and their families. Parents and students of Consortium Member Institutions are particularly invited to attend at no cost.

SPONSORED BY

MINN-KOTA'S TRAINING CONSORTIUM MEMBER INSTITUTIONS

Bemidji State University
Mayville State College
North Dakota State University
University of North Dakota
University of South Dakota
Valley City State College
Southeast Mental Health & Retardation Center
BEH Outreach Funding - SEMH & RC

REGISTRATION

Registration is open to the public. Pre-registration is encouraged since enrollment is on a first come, first served basis. Registration should be submitted by **November 10, 1978.**

FEE

The cost of the two-day conference is $15.00 for professionals and paraprofessionals. Students and parents of young children are invited at no cost. Please make checks payable to Southeast Mental Health and Retardation Center.

CONFERENCE SITE

Holiday Inn
Bemidji, Minnesota

COLLEGE CREDIT

Registration for one hour of undergraduate or graduate credit at Bemidji State University will be available with fees payable on the first day of the workshop. Also, registration for one hour of college credit, undergraduate or graduate at the University of North Dakota will be optional (pending approval).

ACCOMMODATIONS

Overnight accommodations should be made privately. However, for your convenience, a block of rooms has been set aside for Conference participants at the Holiday Inn, Bemidji, Minnesota (218-751-9500). In order to guarantee a room at the Holiday Inn, reservations should be made prior to November 6th.

FRIDAY — NOVEMBER 17, 1978

8:30- 9:00	Registration
9:00- 9:30	Welcome and Introduction **Dr. Charles Austad**
9:30-10:50	Evaluation of Tommy/Treatment and Intervention **Ms. Carol Skinner**
10:50-11:10	Coffee Break
11:10-12:30	Procedural Safeguards and Public Law Mandates: Tommy's Legal Rights **Dr. David Ainsworth** Development of an IEP for Tommy **Ms. Ruth Peterson**
12:30- 1:30	Lunch
1:30- 2:30	Curriculum Design and Implementation for Tommy **Dr. Joseph Ferrara and Dr. Stephen Ragan**
2:30- 3:00	Behavioral Intervention Techniques for Tommy **Dr. Wm. Hoehle and Dr. John Scott**
3:00- 3:15	Coffee Break
3:15- 4:00	Behavioral Intervention Techniques for Tommy (continued) **Dr. Wm. Hoehle and Dr. John Scott**
4:00- 5:00	Social Hour (Cash Bar) Poolside

SATURDAY — NOVEMBER 18, 1978

9:00-10:00	Communication and Coordination of Tommy's Treatment Plan **Mr. Jon Huttemier**
10:00-10:50	Parent Training and Education for Tommy's Family **Ms. Kay McDonald**
10:50-11:10	Coffee Break
11:10-12:00	Evaluation of the Treatment for Tommy—Monitoring the IEP, Outcome Evaluation, and Related Topics **Dr. Steve Harlow**
12:00- 1:00	Lunch
1:00- 2:15	Parent Panel
2:15- 3:30	Speech and Language Development with Preschool Children: Application for Regular and Special Education **Dr. Jo Asmussen**
3:30- 3:45	Coffee Break
3:45- 4:30	Panel of Presenters — Questions and Answers

PRESENTERS

Dr. David Ainsworth, Associate Professor, Valley City State College, Valley City, North Dakota and is Chairperson in the Education-Psychology Department

Dr. Jo Asmussen, Chairperson, Department of Educational Psychology, Bemidji State University, Bemidji, Minnesota

Dr. Charles Austad, Professor, Education-Psychology, Bemidji State University, Bemidji, Minnesota.

Dr. Joseph M. Ferrara, Assistant Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Dr. Steve Harlow, Professor and Chairman, Special Education, Center for Teaching and Learning, University of North Dakota, Grand Forks, North Dakota

Dr. William F. Hoehle, II, Director, Children's Services, Southeast Mental Health & Retardation Center, Fargo, North Dakota

Mr. Jon Huttemier, Director of Special Education, Bemidji Public Schools, Bemidji, Minnesota

Ms. Kay McDonald, Child Development Specialist and Outreach Coordinator, Southeast Mental Health & Retardation Center, Fargo, North Dakota

Ms. Ruth Peterson, Assistant Professor of Education, Mayville State College, Mayville, North Dakota

Dr. Stephen Ragan, Assistant Professor, Bemidji State University, Bemidji, Minnesota

Dr. John W. Scott, Program Coordinator, Children's Services, Southeast Mental Health & Retardation Center, Fargo, North Dakota

Ms. Carol Skinner, Curriculum Specialist, Center for Developmentally Disabled, University of South Dakota, Vermillion, South Dakota

Tear Off

REGISTRATION FORM

NOTE: Registration should be submitted by November 10, 1978.
Please make checks payable to Southeast Mental Health & Retardation Center.

NAME ______________________ AGENCY ______________________

ADDRESS ______________________ POSITION ______________________

______________________ PHONE ______________ AREA CODE ______

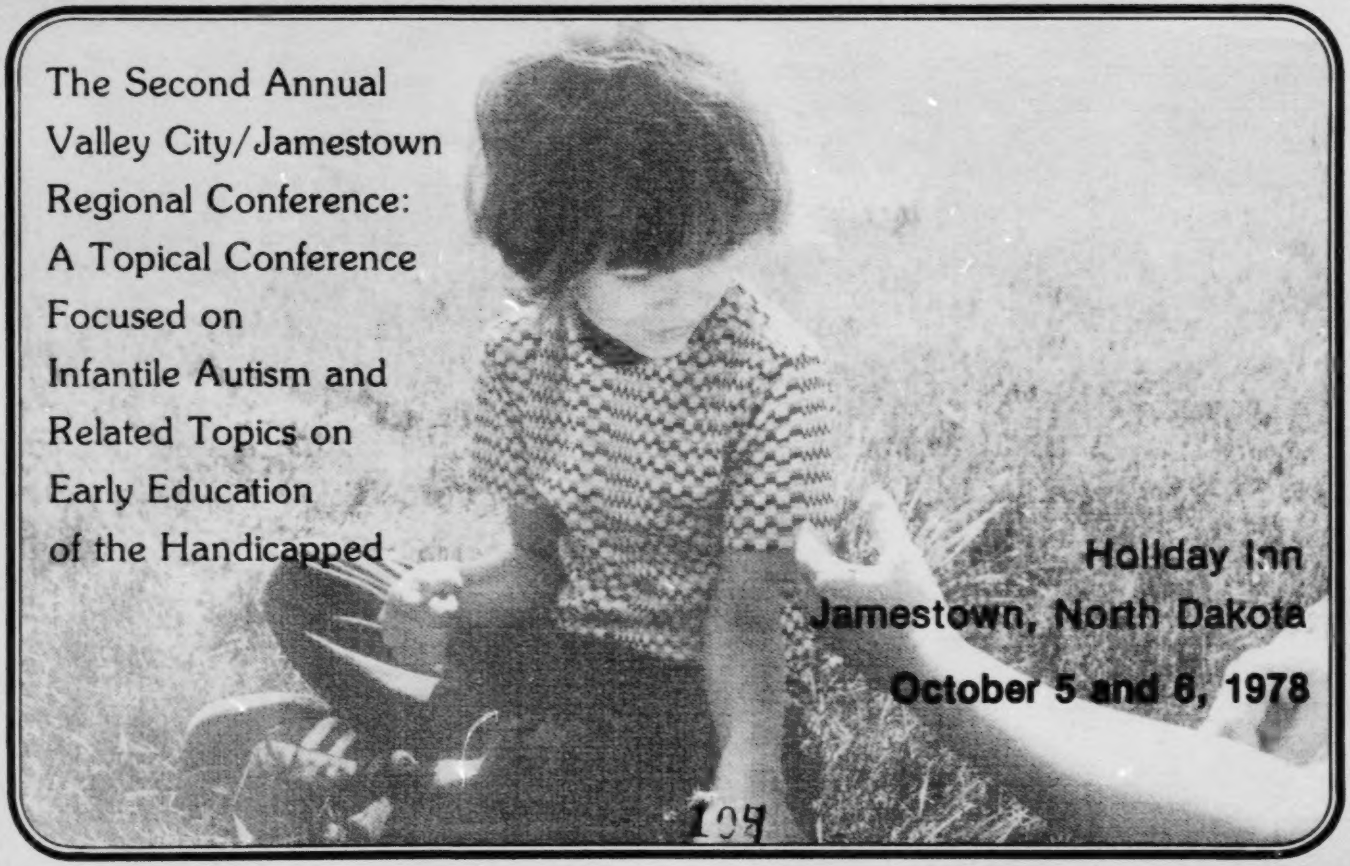
________Parent

________Student

________Professional

MAIL TO: Southeast Mental Health & Retardation Center
Children's Services
Attn.: Marilyn Pendergast
700-1st Avenue South
Fargo, North Dakota 58103

The Second Annual Valley City/Jamestown Regional Conference: A Topical Conference Focused on Infantile Autism and Related Topics on Early Education of the Handicapped



Holiday Inn
Jamestown, North Dakota

October 5 and 6, 1978

INTRODUCTION

The conference is designed to facilitate the pre-service training of personnel to identify and deliver services to Autistic Preschool Children and Their Families. The conference will also highlight topics related to other handicapped preschool children and their families. Parents and students of Consortium Member Institutions are particularly invited to attend at no cost.

SPONSORED BY

MINN-KOTA's TRAINING CONSORTIUM MEMBER INSTITUTIONS

Bemidji State University
Mayville State College
North Dakota State University
University of North Dakota
University of South Dakota
Valley City State College
Southeast Mental Health and Retardation Center
in cooperation with the North Dakota State Hospital,
Children and Adolescent Treatment Center
BEH Outreach Funding - SEMH & RC

REGISTRATION

Registration is open to the public. Pre-registration is encouraged since enrollment is on a first come, first served basis. Registration should be submitted by **September 28, 1978.**

FEE

The cost of the two-day conference is $15.00 for professionals and paraprofessionals. Students and parents of young children are invited at no cost. Please make checks payable to Southeast Mental Health and Retardation Center.

CONFERENCE SITE

Holiday Inn
Jamestown, North Dakota

COLLEGE CREDIT

Registration for one hour of college credit, undergraduate, or graduate at either North Dakota State University or University of North Dakota will be optional (pending approval).

ACCOMMODATIONS

Overnight accommodations should be made privately. However, for your convenience, a block of rooms has been set aside for Conference participants at the Holiday Inn, Jamestown, North Dakota (701-252-0700).

THURSDAY — OCTOBER 5, 1978

8:30 - 9:00	Registration
9:00 - 9:30	Welcome and Introduction **Dr. Hubert Carbone** (tentative)
9:30 - 10:50	Evaluation of Tommy/Treatment and Intervention **Dr. Robert Klepac**
10:50 - 11:10	Coffee Break
11:10-12:30	Procedural Safeguards and Public Law Mandates: Tommy's Legal Rights **Dr. David Ainsworth** Development of an IEP for Tommy **Ms. Ruth Peterson**
12:30 - 1:30	Lunch
1:30 - 2:30	Curriculum Design and Implementation for Tommy **Dr. Joseph Ferrara and Dr. Stephen Ragan**
2:30 - 3:00	Behavioral Intervention Techniques for Tommy **Dr. Wm. Hoehle and Dr. John Scott**
3:00 - 3:15	Coffee Break
3:15- 4:00	Behavioral Intervention Techniques for Tommy (continued) **Dr. Wm. Hoehle and Dr. John Scott**
4:00 - 5:00	Parent Training and Education for Tommy's Family **Ms. Kay McDonald, Ms. Rebecca Yunker, and Mr. Robert Salveson**

FRIDAY — OCTOBER 6, 1978

9:00-10:00	Communication and Coordination of Tommy's Treatment Plan **Mr. Harley Trefz** **Mr. Gerald Christianson**
10:00 - 10:30	Coffee Break
10:30 - 12:00	Evaluation of the Treatment of Tommy—Monitoring the IEP, Outcome Evaluation, and Related Topics **Dr. Steve Harlow**
12:00 - 1:30	Lunch Autism Advocacy Group Planning/Work Session*
1:30 - 2:30	Parent Panel
2:30- 3:45	Speech and Language Development with Preschool Children: Application for Regular and Special Education **Dr. Janis Jelinek**
3:45 - 4:00	Coffee Break
4:00 - 5:00	Panel of Presenters — Questions and Answers

*Parents, presenters, members, and others interested are invited to attend. (This will be a no-host luncheon.)

PRESENTERS

Mr. Harley Trefz, Educational Coordinator of the School Programs, Children and Adolescent Treatment Center, North Dakota State Hospital, Jamestown, North Dakota

Dr. Robert Klepac, Associate Professor of Psychology, North Dakota State University, Fargo, North Dakota.

Dr. David Ainsworth, Associate Professor, Valley City State College, Valley City, North Dakota and is Chairperson in the Education-Psychology Department.

Ms. Ruth Peterson, Assistant Professor of Education, Mayville State College, Mayville, North Dakota.

Dr. Joseph M. Ferrara, Assistant Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota.

Ms. Kay McDonald, Child Development Specialist and Outreach Coordinator, Southeast Mental Health & Retardation Center, Fargo, North Dakota.

Dr. William F. Hoehle, II, Director, Children's Services, Southeast Mental Health & Retardation Center, Fargo, North Dakota.

Dr. John W. Scott, Program Coordinator, Children's Services, Southeast Mental Health & Retardation Center, Fargo, North Dakota.

Mr. Robert Salveson, Classroom Instructor for Multi-Handicapped Emotionally Disturbed, Children and Adolescent Treatment Center, North Dakota State Hospital, Jamestown, North Dakota.

Rebecca Yunker, Classroom Instructor for Multi-Handicapped Emotionally Disturbed, Children and Adolescent Treatment Center, North Dakota State Hospital, Jamestown, North Dakota.

Dr. Stephen Ragan, Assistant Professor, Bemidji State University, Bemidji, Minnesota.

Dr. Steve Harlow, Professor and Chairman, Special Education, Center for Teaching and Learning, University of North Dakota, Grand Forks, North Dakota.

Dr. Hubert Carbone, Superintendent, North Dakota State Hospital, Jamestown, North Dakota.

Mr. Gerald Christianson, Director of Special Education, Barnes County, Valley City, North Dakota.

Dr. Janis Jelinek, Administrator, Office of Education Training Office, University of Wyoming, Laramie, Wyoming.

Tear Off

REGISTRATION FORM

NOTE: Registration should be submitted by September 28, 1978.
Please make checks payable to Southeast Mental Health and Retardation Center.

NAME ______________________________ AGENCY ______________________________

ADDRESS ______________________________ POSITION ______________________________

______________________________ PHONE ____________________ AREA CODE ___

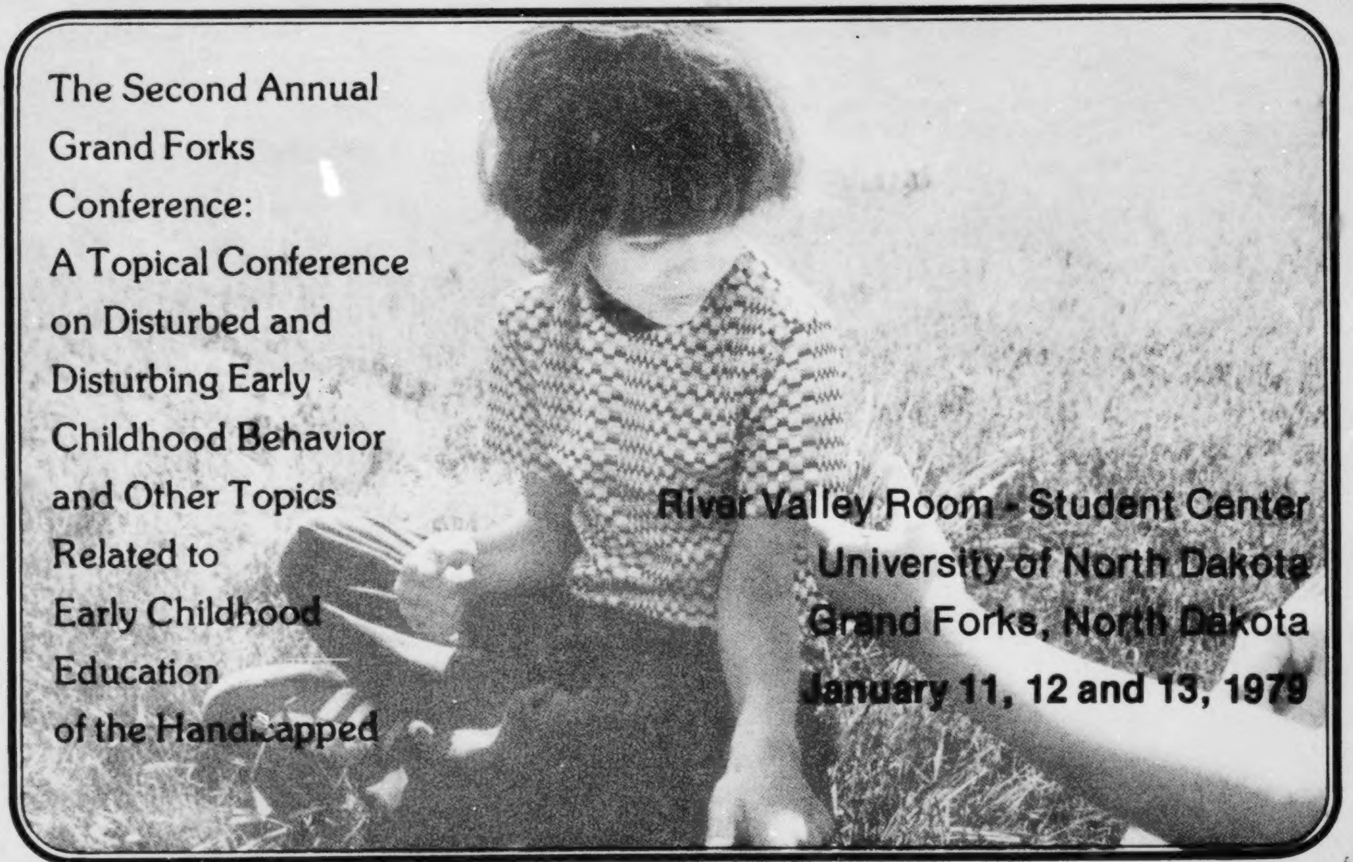
Registrants

________ Parent

________ Student

________ Professional

MAIL TO: Southeast Mental Health & Retardation Center
Children's Services
Attn.: Marilyn Pendergast
700-1st Avenue South
Fargo, North Dakota 58102



The Second Annual Grand Forks Conference: A Topical Conference on Disturbed and Disturbing Early Childhood Behavior and Other Topics Related to Early Childhood Education of the Handicapped

River Valley Room - Student Center
University of North Dakota
Grand Forks, North Dakota
January 11, 12 and 13, 1979

INTRODUCTION

The conference is designed to facilitate the pre-service training of personnel to identify and deliver services to seriously emotionally disturbed (e.g., Autistic) and other handicapped Preschool Children and Their Families. Parents and students of Consortium Member Institutions are particularly invited to attend at no cost.

SPONSORED BY

MINN-KOTA'S TRAINING CONSORTIUM MEMBER INSTITUTIONS

Bemidji State University
Mayville State College
North Dakota State University
University of North Dakota
University of South Dakota
Valley City State College
Southeast Mental Health & Retardation Center
BEH Outreach Funding - SEMH & RC

ATTENTION

NORTH DAKOTA

A
A G

"AUTISM ADVOCACY GROUP"

Included in this conference is an Autism Advocacy Group planning/work session. This will be held Friday, January 12 (see Schedule).

REGISTRATION

Registration is open to the public. Pre-registration is encouraged since enrollment is on a first come, first served basis. Registration should be submitted by **January 4, 1979.**

FEE

The cost of the three-day conference is $25.00 ($10.00 per day; $5.00 for Saturday) for professionals and paraprofessionals. Students and parents of young children are invited at no cost. Please make checks payable to Southeast Mental Health and Retardation Center.

CONFERENCE SITE

University of North Dakota
River Valley Room - Student Center
Grand Forks, North Dakota

COLLEGE CREDIT

Registration for one hour of college credit, undergraduate or graduate at either University of North Dakota or North Dakota State University will be optional (pending approval).

ACCOMMODATIONS

Overnight accommodations should be made privately. Below is a list of motels if you need overnight accommodations:

Westward Ho	(701) 775-5341
American Inn	(701) 773-9811
Ramada Inn	(701) 775-3951
Econ-O-Tel	(701) 775-0555

THURSDAY — JANUARY 11, 1979

9:00- 9:15	Registration
9:15- 9:45	Welcome and Introduction **Dr. Vito Perrone**
9:45-10:45	Evaluation of Tommy/Treatment and Intervention **Dr. Robert Klepac**
10:45-11:00	Coffee Break
11:00-12:00	Procedural Safeguards and Public Law Mandates: Tommy's Legal Rights **Dr. David Ainsworth** Development of an IEP for Tommy **Ms. Ruth Peterson**
12:00- 1:30	Lunch
1:30- 2:30	Curriculum Design and Implementation for Tommy **Dr. Joseph Ferrara and Dr. Stephen Ragan**
2:30- 3:00	Behavioral Intervention Techniques for Tommy **Dr. Wm. Hoehle and Dr. John Scott**
3:00- 3:15	Coffee Break
3:15- 4:00	Communication and Coordination of Tommy's Treatment Plan **Mr. Harley Trefz**
4:00- 5:00	Parent Training and Education **Ms. Martee Bushfield** Parent Training and Education for Tommy's Family **Ms. Kay McDonald**

FRIDAY — JANUARY 12, 1979

9:15- 9:45	Evaluation of the Treatment of Tommy—Medication and Long Term Progress **Dr. Steve Harlow**
9:45-10:30	A Program that Works: Interventions with Problemed Youngsters **Mr. Jerry Wellek and Mr. Dave Anderson**
10:30-11:00	Coffee Break
11:00-12:00	Parent Panel
12:00- 1:30	Lunch Autism Advocacy Group Planning/Work Session*
1:30- 2:30	The Importance of Understanding Normal Development **Dr. David Kuschner**
2:30- 3:30	Multiply Handicapped: A New Challenge **Dr. Drew Denton**
3:30- 3:45	Coffee Break
3:45- 5:00	Questions and Answers

*Parents, presenters, members, and other interested are invited to attend. (This will be a no-host luncheon.)

SATURDAY — JANUARY 13, 1979

8:30- 9:30	How Handicapping Affects Development **Dr. Myrna Olson**
9:30-10:30	Issues and Mainstreaming the Preschool Handicapped **Dr. Amy Glasser**
10:30-11:30	Coordinating Efforts Among Special Educators, Parents and Other School and Agency Personnel. **Ms. Penny Ackerland**
11:30-12:30	Teaching a Classroom for the Emotionally Problemed in the Public Schools **Ms. Eva Andon**

PRESENTERS

Ms. Penny Ackerland, Coordinator of Special Services, Grand Forks Public Schools, Grand Forks, North Dakota

Dr. David Ainsworth, Associate Professor, Valley City State College, Valley City, North Dakota and is Chairperson in the Education-Psychology Department

Mr. Dave Anderson, Graduate Teaching Assistant, University of North Dakota, Grand Forks, North Dakota

Ms. Eva Andon, Special Education Teacher, Grand Forks Public Schools, Grand Forks, North Dakota

Ms. Martee Bushfield, Director of Children's Programs, Center for Human Development, Grand Forks, North Dakota

Dr. Drew Denton, Assistant Professor, Special Education, University of North Dakota, Grand Forks, North Dakota

Dr. Joseph M. Ferrara, Assistant Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Dr. Amy Glasser, Assistant Professor of Preschool Handicapped, University of North Dakota, Grand Forks, North Dakota

Dr. Steve Harlow, Professor and Chairman, Special Education, Center for Teaching and Learning, University of North Dakota, Grand Forks, North Dakota

Dr. William F. Hoehle, II, Director, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Dr. Robert Klepac, Associate Professor of Psychology, North Dakota State University, Fargo, North Dakota

Dr. David Kuschner, Assistant Professor and Chairman, Early Childhood Education, Center for Teaching and Learning, University of North Dakota, Grand Forks, North Dakota

Ms. Kay McDonald, Child Development Specialist and Outreach Coordinator, Southeast Mental Health & Retardation Center, Fargo, North Dakota

Dr. Myrna Olson, Assistant Professor of Special Education, University of North Dakota, Grand Forks, North Dakota

Dr. Vito Perrone, Dean, Center for Teaching and Learning, University of North Dakota, Grand Forks, North Dakota

Ms. Ruth Peterson, Assistant Professor of Education, Mayville State College, Mayville, North Dakota

Dr. Stephen Ragan, Assistant Professor, Bemidji State University, Bemidji, Minnesota

Dr. John Scott, Program Coordinator, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Mr. Harley Trefz, Educational Coordinator of the School Programs, Children and Adolescent Treatment Center, North Dakota State Hospital, Jamestown, North Dakota

Mr. Jerry Wellek, Instructor, Special Education, St. Cloud University, St. Cloud, Minnesota

Tear Off

REGISTRATION FORM

NAME ______________________ AGENCY ______________________

ADDRESS ______________________ POSITION ______________________

______________________ PHONE ______________ AREA CODE ________

Registrants

________ Parent

________ Student

________ Professional

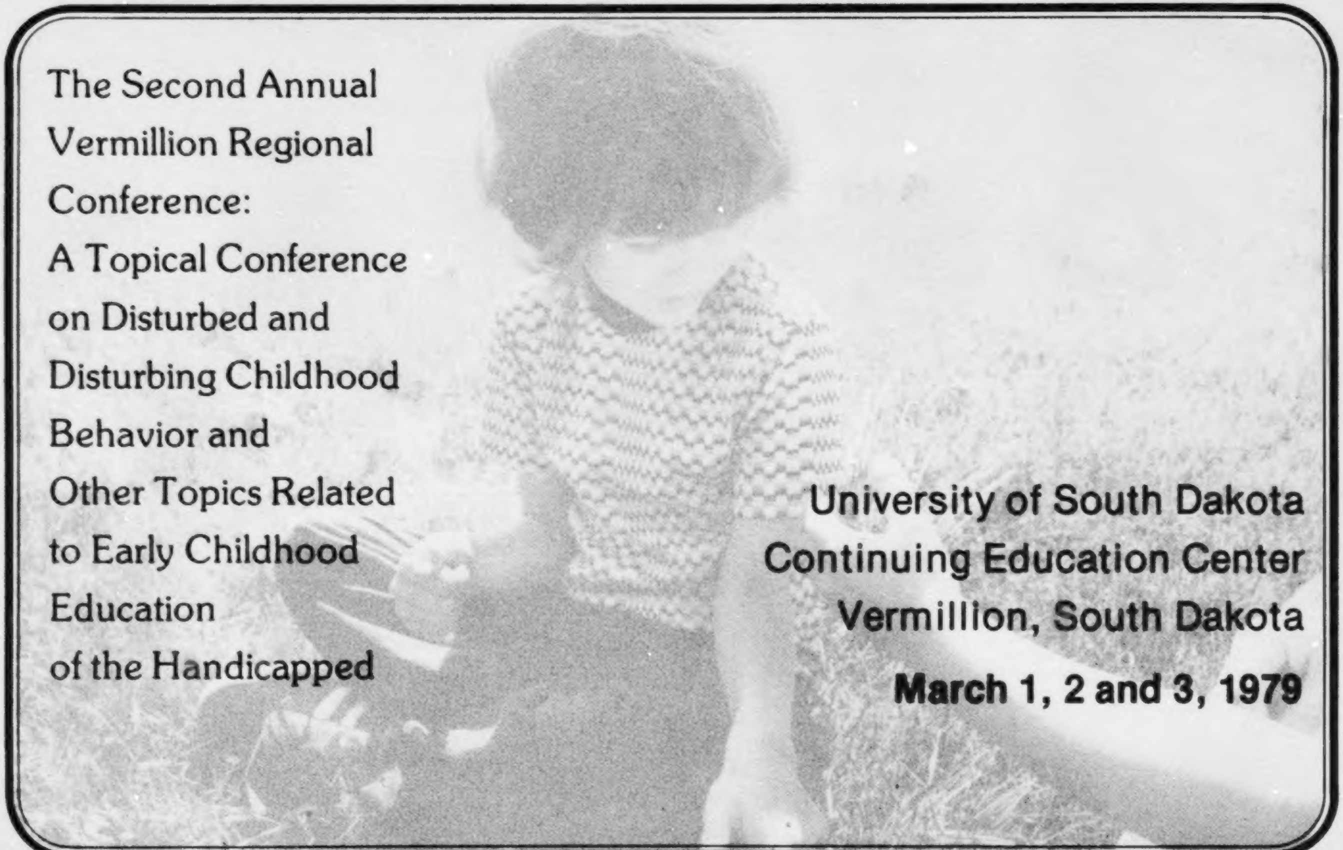
Fee $25.00

Enclosed ☐

Will pay at door ☐

MAIL TO: Southeast Mental Health & Retardation Center
Children's Services
Attn.: Marilyn Pendergast
700-1st Avenue South
Fargo, North Dakota 58103

I am planning on attending the Autism Advocacy Group Planning/Work Session Luncheon, Friday, January 12th from 12:00 - 1:30. ________ Yes ________ No



The Second Annual Vermillion Regional Conference: A Topical Conference on Disturbed and Disturbing Childhood Behavior and Other Topics Related to Early Childhood Education of the Handicapped

University of South Dakota
Continuing Education Center
Vermillion, South Dakota

March 1, 2 and 3, 1979

INTRODUCTION

The conference is designed to facilitate the pre-service training of personnel to identify and deliver services to seriously emotionally disturbed (e.g., Autistic) and other handicapped Preschool Children and Their Families. Parents and students of Consortium Member Institutions are particularly invited to attend at no cost.

SPONSORED BY

MINN-KOTA'S TRAINING CONSORTIUM MEMBER INSTITUTIONS

Bemidji State University
Mayville State College
North Dakota State University
University of North Dakota
University of South Dakota—
Center for Developmental Disabilities
Department of Special Education
Problems in Living Center—Sioux Falls
Valley City State College
Southeast Mental Health and Retardation Center
BEH Outreach Funding - SEMH & RC

REGISTRATION

Registration is open to the public. Pre-registration is encouraged since enrollment is on a first come, first served basis. Registration should be submitted by February 23, 1979.

FEE

The cost of the three-day conference is $25.00 ($10.00 per day; $5.00 for Saturday) for professionals and paraprofessionals. Students and parents of young children are invited at no cost. Please make checks payable to Southeast Mental Health and Retardation Center.

CONFERENCE SITE

University of South Dakota
Continuing Education Center
Vermillion, South Dakota

COLLEGE CREDIT

Registration for one hour of college credit, undergraduate or graduate will be available at the University of South Dakota (pending approval).

ACCOMMODATIONS

Overnight accommodations should be made privately. Below is a list of motels if you need overnight accommodations:

Lamplighter Motel	605-624-4451
Super 8 Lodge	605-624-8005 or 1-800-843-1991
Tomahawk Motel	605-624-2601

THURSDAY — MARCH 1, 1979

8:00- 9:00	Registration Host: **Dr. Don Monroe**
9:00- 9:15	Welcome and Introduction **Dr. Richard Sagness** **Dr. Ed LaCrosse**
9:15-10:15	Evaluation of Tommy/Treatment and Intervention **Ms. Carol Skinner**
10:15-10:30	Coffee Break
10:30-12:00	Procedural Safeguards and Public Law Mandates: Tommy's Legal Rights **Mr. Tom Harmon**
12:00- 1:00	Lunch
1:00- 1:30	The Effectiveness of Inservice **Mr. Dorrence Larson**
1:30- 2:30	Curriculum Design and Implementation for Tommy **Dr. Joseph M. Ferrara** **Dr. Stephen Ragan**
2:30- 2:45	Coffee Break
2:45- 3:45	Behavioral Intervention Techniques for Tommy **Dr. Wm. F. Hoehle, II** **Mr. Joseph M. Savage**
3:45- 5:00	Development of an IEP for Tommy Simulation **Dr. Don Monroe**

FRIDAY — MARCH 2, 1979

Host: **Dr. Joseph Ferrara**

9:00-10:15	Program for Autistic and Other Exceptional Children **Ms. Sheila Merzer** **Ms. Lyle Chastain**
10:15-10:30	Coffee Break
10:30-12:00	Parent Education **Dr. Don Potter**
12:00- 1:00	Lunch
1:00- 2:30	Programs That Work Problems-in-Living Center
2:30- 3:00	Emerson School **Ms. Karen Carlsen**
3:00- 3:15	Coffee Break
3:15- 4:00	Diagnostic Classroom **Ms. Trudy Haas**
4:00- 4:30	Evaluating the IEP **Mr. Gene Johnson**

SATURDAY — MARCH 3, 1979

Host: **Ms. Carol Skinner**

9:00-10:00	State Planning for Early Childhood Handicapped **Ms. Sharyl Weisler**
10:00-10:45	Personnel Preparation—Early Childhood Handicapped **Dr. Jan Ebersdorfer**
10:45-12:00	South Dakota Model Program for Severe Learning Disabled Preschool Children Panel: **Mr. Doug Brusseau** **Dr. Jan Ebersdorfer** **Ms. Ellen Larkin** **Ms. Ann Steffensmeier**

PRESENTERS

Mr. Doug Brusseau, Project Coordinator, Section for Exceptional Children, Division for Elementary and Secondary Education, Pierre, South Dakota

Ms. Karen Carlsen, Special Education Teacher, Emerson Elementary School, Sioux Falls, South Dakota

Ms. Lyle Chastain, Co-Coordinator, Children's Health Center, Inc., Minneapolis, Minnesota

Dr. Jan Ebersdorfer, Associate Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Dr. Joseph M. Ferrara, Assistant Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Ms. Trudy Haas, Adjunct Instructor, Department of Special Education, and Center for Developmental Disabilities, University of South Dakota, Vermillion, South Dakota

Mr. Tom Harmon, Lawyer, Law Clerk to Supreme Court Justice Wollman of South Dakota Supreme Court.

Dr. William F. Hoehle, II, Director, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Mr. Gene Johnson, Graduate Assistant in School Psychology, School of Education, University of South Dakota, Vermillion, South Dakota

Dr. Edward LaCrosse, Director of the Center for Developmental Disabilities and Adjunct Professor in Special Education, University of South Dakota, Vermillion, South Dakota

Ms. Ellen Larkin, Psychologist, Center for Developmental Disabilities, University of South Dakota, Vermillion, South Dakota

Mr. Dorrence W. Larson, Adjunct Instructor, Department of School Psychology, University of South Dakota, Vermillion, South Dakota

Ms. Sheila Merzer, Co-Coordinator, Children's Health Center, Inc., Minneapolis, Minnesota

Dr. Don Monroe, Associate Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Dr. Donald R. Potter, Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Dr. Stephen Ragan, Assistant Professor, Bemidji State University, Bemidji, Minnesota

Dr. Richard Sagness, Associate Dean, School of Education, University of South Dakota, Vermillion, South Dakota

Mr. Joseph M. Savage, Practicum Coordinator, Minn-Kota's Training Consortium, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Ms. Carol Skinner, Consultant, Center for Developmental Disabilities, University of South Dakota, Vermillion, South Dakota

Ms. Ann Steffensmeier, Speech and Hearing Therapist, Center for Developmental Disabilities, University of South Dakota, Vermillion, South Dakota

Ms. Sharyl Weisler, Coordinator of Program for Early Childhood Handicapped, Section for Exceptional Children, Division for Elementary and Secondary Education, Pierre, South Dakota

Tear Off

REGISTRATION FORM

NAME ______________________ AGENCY ______________________

ADDRESS ______________________ POSITION ______________________

______________________ PHONE ______________ AREA CODE ________

Registrants

________Parent

________Student

________Professional

Fee $25.00

Enclosed ☐

Will pay at door ☐

MAIL TO: Southeast Mental Health & Retardation Center
Children's Services
Attn.: Marilyn Pendergast
108 South 8th Street
Fargo, North Dakota 58103

The Third Annual Regional Conference on Emotional and Behavioral Disorders in Preschool Children and Adolescents and Other Topics Related to Special Education of the Handicapped

Town [illegible]ouse Motor Inn
Fargo, North Dakota
April 19, 20, 21, 1979

COORDINATED BY DR. WILLIAM F. HOEHLE, II

v. 125

INTRODUCTION

The Conference is designed to facilitate preservice and in-service training for administrators, teachers, paraprofessionals and parents who serve emotionally disturbed preschool children/adolescents. The Conference also highlights topics related to other subjects dealing with handicapped preschool children and adolescents and their families. The presentations will be delivered by persons recognized as knowledgeable in their topical areas at both regional and national levels. The Conference is designed on two tracks to facilitate maximum flexibility in terms of participants' scheduling and to accommodate two divergent topical populations (preschool children and adolescents). A limited number of students of Consortium Member Institutions and parents are invited to attend at no cost.

SPONSORED BY

MINN-KOTA'S TRAINING CONSORTIUM MEMBER INSTITUTIONS
Bemidji State University
Mayville State College
North Dakota State University
(Psychology Dept. and Child Development Family Relations Dept.)
University of North Dakota
University of South Dakota
Valley City State College
Southeast Mental Health & Retardation Center
BEH Outreach Funding - NIMH Continuing Education Grant
(Division of State Manpower Development)
RED RIVER ASSOCIATION FOR BEHAVIOR THERAPY
PSYCHOLOGY CLUB, NORTH DAKOTA STATE UNIVERSITY

REGISTRATION

Registration for the Conference is open to the public. Pre-registration is encouraged as enrollment is on a first-come first-served basis. Registration should be submitted by **April 14, 1979.**

FEE

The cost of the three-day conference is $30.00. Late registration (after April 14, 1979) is $35.00. The cost of the Banquet is $7.50. Please make checks payable to Southeast Mental Health & Retardation Center.

CONFERENCE AND BANQUET SITE

Town House Motor Inn
301 - 3rd Avenue North (Downtown Fargo)
Fargo, North Dakota

COLLEGE CREDIT

Registration for one hour of college credit, undergraduate or graduate at either University of North Dakota or North Dakota State University will be optional (pending approval).

ACCOMMODATIONS

Overnight accommodations should be made privately. However, for your convenience, a block of rooms has been set aside for Conference participants at the Town House Motor Inn, Fargo, North Dakota (701-232-8851). In order to guarantee a room at the Town House Motor Inn, reservations should be made prior to April 4, 1979.

THURSDAY, APRIL 19, 1979

TRACK I — CHILDREN		TRACK II — ADOLESCENTS
Registration	8:00- 8:45	Registration
Welcome and Introduction Dr. Wm. F. Hoehle, II	8:45- 9:00	Welcome and Introduction Dr. Wm. F. Hoehle, II
Research: The State of the Art in Mental Retardation and From Research to Practice - A Developmental Lag Dr. Theodore D. Tjossem	9:00-10:30	Research: The State of the Art in Mental Retardation and From Research to Practice - A Developmental Lag Dr. Theodore D. Tjossem
Break	10:30-10:45	Break
A Panel: What the Law Requires and What the Schools Provide Dr. Jeanne E. Dorie Mr. Rodger Miller (tentative) Ms. Sharyl Wieseler	10:45-12:00	Issues of Legal Rights of Juveniles Mr. Jonathan T. Garaas Mr. Bruce D. Johnson
Lunch	12:00- 1:15	Lunch
Structuring for Success: Classroom Management with Preschool and Elementary Students Mr. John Bullett Ms. Liz Olday Mr. Joseph Savage	1:15- 2:15	Classroom Management with Emotionally Disturbed Secondary Students Ms. Ann Hopp Dr. John Scott
Hyperkinesis and Short Attention Span Dr. Steve Harlow	2:15- 2:45	Dynamics of Drug Dependency: (or Be A Man, Not A Kid, Buy a Pound, Not a Lid) Mr. Richard Schaefer
Break	2:45- 3:00	Break
Hyperkinesis and Short Attention Span (continued) Dr. Steve Harlow	3:00- 3:30	Drug Dependency and Its Effect on School and Social Role Performance (continued) Mr. Richard Schaefer
Engineering Success: Environmental Structure to Minimize Behavioral Disorders Dr. Russ Glasgow	3:30- 5:00	Drug Dependency: Assessment and Intervention (continued) Mr. Richard Schaefer

FRIDAY, APRIL 20, 1979

TRACK I — CHILDREN		TRACK II — ADOLESCENTS
Corrective Nutrition and Other New Approaches to the Treatment of Autism Dr. Bernard Rimland	9:00-12:00	Corrective Nutrition and Other New Approaches to the Treatment of Autism Dr. Bernard Rimland
Lunch	12:00- 1:00	Lunch
Structuring for Success: Materials and Curriculum to Minimize Behavior Problems Dr. Joseph Ferrara Dr. Stephen Ragan	1:00- 2:30	Training School/Other Agency Personnel to Work with Emotionally Disturbed Adolescents A Panel Dr. Steve Harlow Mr. Richard Schaefer Dr. John Scott
Break	2:30- 2:45	Break
Training for Success: Preparation of Regular Elementary Teachers to Serve Handicapped Children: A Comment on Mainstreaming Dr. David Ainsworth Dr. Jean Dissinger Dr. Dennis Kost Mr. Joseph Savage	2:45- 5:00	Adolescent Treatment in the In-Patient Setting Mr. Harley Trefz
Banquet Dr. Bernard Rimland	7:00- 9:00	Banquet Dr. Bernard Rimland

SATURDAY, APRIL 21, 1979

TRACK I — CHILDREN		TRACK II — ADOLESCENTS
Success from the Child's Point of View: Self Concept and the Preschool/Elementary Aged Emotionally Disturbed Child Dr. William Gingold Ms. Kay McDonald	8:30-10:00	Is Additional Help Needed: Managing Counseling Services to Adolescents in School Dr. John Scott
Break	10:00-10:15	Break
The Importance of Parent Education and Training - A Parent Panel Parents and Discussion	10:15-11:45	Group Therapies for Adolescents Dr. Bruce Bromley Ms. Marci Collins
	12:00	Lunch

Autism Advocacy Group Planning/Work Session*

*Parents, presenters and others interested are invited to attend.
(This will be a no-host luncheon.)

PRESENTERS

NATIONAL CONSULTANTS

Dr. Bernard Rimland is an internationally recognized authority on autism. He has received many honors and awards for his research on the diagnosis, cause and treatment of autism. His prize-winning book, **Infantile Autism,** is used as a textbook in universities around the world. He is a frequent lecturer at universities and medical schools, and has made many radio and television appearances. He is the founder of the National Society for Autistic Children.

Dr. Theodore D. Tjossem is the Director of Mental Retardation and Developmental Disabilities Program for the National Institute of Child Health and Human Development, National Institute of Health. The Mental Retardation and Developmental Disability branch has the primary responsibility within the National Institute of Health for its support of research in mental retardation.

REGIONAL CONSULTANTS & CONSORTIUM MEMBERS

Dr. David Ainsworth, Associate Professor, Valley City State College, Valley City, North Dakota and is Chairperson in the Education-Psychology Department

Dr. Bruce Bromley, Psycho-Educational Consultant, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Mr. John J. Bullett, TETC Clinical Coordinator, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Ms. Marci Collins, Behavioral Consultant, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Dr. Jean Dissinger, Chairperson, Child Development and Family Relations Department, North Dakota State University, Fargo, North Dakota

Dr. Jeanne E. Dorie, Consultant, Early Education of the Handicapped, Minnesota State Department of Education, Special Education Section, St. Paul, Minn.

Dr. Joseph M. Ferrara, Assistant Professor, Department of Special Education, University of South Dakota, Vermillion, South Dakota

Mr. Jonathan T. Garaas, Partner, Garaas Law Firm, Fargo, North Dakota

Dr. William Gingold, Acting Executive Director, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Dr. Russ Glasgow, Assistant Professor, Psychology Department, North Dakota State University, Fargo, North Dakota

Dr. Steve Harlow, Professor and Chairman, Special Education, Center for Teaching and Learning, University of North Dakota, Grand Forks, North Dakota

Dr. Wm. F. Hoehle, II, Director, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Ms. Ann Hopp, Teacher, Program for Emotionally Disturbed Adolescents, Fargo Public Schools, Fargo, North Dakota

Mr. Bruce D. Johnson, Partner, Johnson and Rodenburg Law Firm, Fargo, North Dakota

Dr. Dennis Kost, Chairman, Education and Psychology Department, Mayville State College, Mayville, North Dakota

Ms. Kay McDonald, Child Development Specialist and Outreach Coordinator, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Mr. Rodger Miller, Director, Special Education, Department of Public Instruction, Bismarck, North Dakota

Ms. Liz Olday, Materials and Curriculum Specialist, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Dr. Stephen Regan, Assistant Professor, Bemidji State University, Bemidji, Minn.

Mr. Joseph M. Savage, Practicum Coordinator, Minn-Kota's Training Consortium, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Mr. Richard Schaefer, Program Director for Drug Dependent Youth Services and Coordinator of Continuing Education for Adolescent Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Dr. John Scott, Program Coordinator, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Mr. Harley Trefz, Educational Coordinator of the School Programs, Children and Adolescent Treatment Center, North Dakota State Hospital, Jamestown, N.D.

Ms. Sharyl Wieseler, Coordinator of Program for Early Childhood Handicapped, Section for Exceptional Children, Division for Elementary and Secondary Education, Pierre, South Dakota

Tear Off

REGISTRATION FORM

DATE________ NOTE: Registration should be submitted by April 14, 1979.

NAME ______________________ AGENCY ______________________

ADDRESS ______________________ POSITION ______________________

______________________ PHONE ______________ AREA CODE ________

________ Registration fee enclosed. Make checks payable to Southeast Mental Health & Retardation Center

________ $30.00 before April 14, 1979

________ $35.00 after April 14, 1979

________ $7.50 Banquet on April 20, 1979

$______ Total enclosed

MAIL TO: Southeast Mental Health & Retardation Center
Children's Services
Attn: Marilyn Pendergast
108 - 8th Street South
Fargo, North Dakota 58103

Pharmacological Intervention for MBD, Hyperkinetic (Attentional Deficit Disorders) and Epileptic Children and Their Families

Town House
Motor Inn

Fargo,
North Dakota

May 24-25,1979

INTRODUCTION

The Conference is designed to facilitate preservice and inservice training for physicians, teachers, paraprofessionals and parents who serve hyperkinetic, MBD or epileptic children and adolescents. The Conference will highlight topics related to standard medical practice and case management for these types of handicapping conditions. Presentations will be delivered by persons recognized as knowledgeable in their topical areas at regional and national levels. Parents are particularly invited to attend this Conference at no cost.

SPONSORED BY

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE
Division of Psychiatry and Behavioral Science,
Department of Neuroscience

ABBOTT LABORATORIES

SOUTHEAST MENTAL HEALTH AND RETARDATION CENTER
Department of Children's Services
under a grant from Bureau of Education for the Handicapped

Growth Services Department
NIMH Continuing Education Funding

NORTHERN EPILEPSY ASSOCIATION OF NORTH DAKOTA

REGISTRATION

Registration for the Conference is open to the public. Preregistration is encouraged as enrollment is on a first-come first-served basis. Registration should be submitted by **May 18, 1979.**

FEE

The cost of the two-day Conference is $20.00 for professionals, $10.00 for students in training and to parents there is no charge. Please make checks payable to Southeast Mental Health and Retardation Center.

CONFERENCE SITE

Town House Motor Inn
301-3rd Avenue North (Downtown Fargo)
Fargo, North Dakota

COLLEGE CREDIT

Twelve hours of category one Continuing Medical Education credit through the University of North Dakota School of Medicine, Division of Psychiatry and Behavioral Science, Department of Neuroscience has been requested. One hour of college credit, undergraduate or graduate at either University of North Dakota or North Dakota State University has also been requested.

ACCOMMODATIONS

Overnight accommodations should be made privately. However, for your convenience, a block of rooms has been set aside for Conference participants at the Town House Motor Inn, Fargo, North Dakota (701-232-8851). In order to guarantee a room at the Town House Motor Inn, reservations should be made prior to May 8, 1979.

THURSDAY — MAY 24, 1979

9:00- 9:15	Welcome and Introduction **David Abbott, M.D.**
9:15-10:15	Differential Diagnosis of Hyperkinetic (Attentional Deficit Disorder) and MBD Syndromes from Other Childhood Disorders and a Description of Attentional Deficit Disorder Behavior Patterns **Jack Kerbeshian, M.D.**
10:15-10:30	Break
10:30-11:30	Initiation and Monitoring of Pharmacotherapy for Hyperkinetic (Attentional Deficit Disorder) Children **Jack Kerbeshian, M.D.**
11:30- 1:00	Lunch
1:00- 2:30	A Panel: Education and Training Necessary for Parents, Teachers and Significant Others of Hyperkinetic and MBD Children **Roger Flynn, ACSW** **Joseph Savage, M.A.** **Penny Ackerland, B.S.** **Lida Deutsch, R.N.**
2:30- 3:30	Multi-modal Intervention Strategies for Attentional Deficit Disordered Children **John Scott, Ph.D.** **Wm. F. Hoehle, II, Ph.D.**
3:30- 3:45	Break
3:45- 5:00	Relationship of Affective Disorders and Hyperactivity in Children **Roger Brumback, M.D.**

FRIDAY — MAY 25, 1979

9:00-10:00	Neurological Evaluation of Children for Potential Pharmacological Intervention **Lawrence A. Lockman, M.D.**
10:00-10:15	Break
10:15-12:00	Predicators of Symptoms, Delinquency and Achievement at Follow-up **Jan Loney, Ph.D.**
12:00- 1:30	Lunch
1:30- 2:30	The Fundamentals of the Disorder Known as Epilepsy **Linda Gress, B.S.**
2:30- 3:30	Seizure Disorders of Childhood, Their Behavioral Manifestations and Their Control **Generoso Gascon, M.D.**
3:30- 3:45	Break
3:45- 4:45	Current Research and Recently Developed Drugs for the Control of Epileptic Seizure Disorders in Children **Lawrence A. Lockman, M.D.**

PRESENTERS

David Abbott, M.D., Medical Director, Southeast Mental Health and Retardation Center, Fargo, North Dakota and Assistant Professor of Neurosciences, University of North Dakota School of Medicine, Fargo, North Dakota

Penny Ackerland, B.S., Program Coordinator of Special Services Department, Grand Forks Public Schools, Grand Forks, North Dakota

Roger Brumback, M.D., Chief of Neurology Services, Veterans Administration Hospital, Fargo, North Dakota and Assistant Professor of Neurology and Pediatrics, University of North Dakota School of Medicine, Fargo, North Dakota

Lida Deutsch, R.N., Psychiatric Nurse, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Roger Flynn, ACSW, Supervisor of Cass County Children's Social Service Center, Fargo, North Dakota

Generoso Gascon, M.D., Professor of Neurology, University of North Dakota School of Medicine, Grand Forks, North Dakota

Linda Gress, B.S., Executive Director, Northern Epilepsy Association of North Dakota, Fargo, North Dakota

Wm. F. Hoehle, II, Ph.D., Director, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Jacob (**Jack**) **Kerbeshian,** M.D., Psychiatrist, Grand Forks Clinic, Assistant Professor of Neurosciences, University of North Dakota School of Medicine, Grand Forks, North Dakota

Lawrence A. Lockman, M.D., Assistant Professor, Division of Pediatric Neurology, University of Minnesota Medical School, Minneapolis, Minnesota

Jan Loney, Ph.D., Associate Professor, University of Iowa Hospitals and Clinics, Department of Psychiatry, Iowa City, Iowa

Joseph Savage, M.A., Chairperson, Medication Review Committee, Practicum Coordinator, Minn-Kota's Training Consortium, Southeast Mental Health and Retardation Center, Fargo, North Dakota

John Scott, Ph.D., Program Coordinator, Children's Services, Southeast Mental Health and Retardation Center, Fargo, North Dakota

Tear Off

REGISTRATION FORM

DATE__________ NOTE: Registration should be submitted by May 18, 1979.

NAME ____________________ AGENCY ____________________

ADDRESS ____________________ POSITION ____________________

____________________ PHONE ____________ AREA CODE_____

______Registration fee enclosed. Make checks payable to Southeast Mental Health and Retardation Center.

______$20.00 for Professionals

______$10.00 for students in training

______Parents no cost

MAIL TO: Southeast Mental Health and Retardation Center
Children's Services
Attn.: Marilyn Pendergast
108-8th Street South
Fargo, North Dakota 58103

APPENDIX D

Summary Evaluations from Consortium Workshops

E THIRD ANNUAL REGIONAL
NFERENCE ON EMOTIONAL AND
HAVIORAL DISORDERS IN
ESCHOOL CHILDREN AND
OLESCENTS AND OTHER TOPICS
LATED TO SPECIAL EDUCATION
THE HANDICAPPED
April 19, 20, 21, 1979

aluation Form

	a. Uninformative b. Not strongly at all			a. Average b. So-So			a. Informative b. Strongly	
What is the overall rating of this workshop?	1	2	3	4	4 5	6 6	2 7	12 Evaluat 5.8
How strongly do you feel about this rating?	1	2	3	1 4	3 5	4 6	4 7	12 Evaluat 5.9
the presentations you attended, please evaluate:								
Research: The State of the Art in Mental Retardation and From Research to Practice - A Developmental Lag	1	4 2	4 3	2 4	2 5	2 6	7	14 Evalua 4.16
How strongly do you feel about this rating?	1	2	1 3	1 4	2 5	4 6	5 7	13 Evaluat 6.38
Corrective Nutrition and Other New Approaches to the Treatment of Autism	1	2	1 3	4	1 5	4 6	6 7	12 Evaluati 6.16
How strongly do you feel about this rating?	1	2	3	4	5	3 6	8 7	11 Evaluati 6.72
I - CHILDREN								
A Panel: What the Law Requires and What the Schools Provide	1	2	3	3 4	1 5	3 6	2 7	9 Evaluatio 5.44
How strongly do you feel about this rating?	1	2	3	2 4	2 5	2 6	3 7	9 Evaluati 5.66
Structuring for Success: Classroom Management with Preschool and Elementary Students	1	2	3	1 4	2 5	5 6	7	8 Evaluations 5.5
How strongly do you feel about this rating?	1	2	3	4	5	6 6	1 7	7 Evaluatio 6.14
Hyperkinesis and Short Attention Span	1	2	3	4	2 5	3 6	2 7	7 Evaluation 6.0
How strongly do you feel about this rating?	1	2	3	4	1 5	1 6	5 7	7 Evaluatio 6.57
Engineering Success: Environmental Structure to Minimize Behavioral Disorders	1	2	1 3	1 4	2 5	3 6	7	7 Evaluatio 5.0
How strongly do you feel about this rating?	1	2	3	4	3 5	3 6	1 7	7 Evaluatio 5.71
Structuring for Success: Materials and Curriculum to Minimize Behavior Problems	1	2	3	1 4	2 5	2 6	1 7	7 Evaluation 5.71
How strongly do you feel about this rating?	1	2	3	4	2 5	3 6	1 7	6 Evaluatio 583

argo Workshop
ril 19, 20, 21, 1979

aluation Form (continued)

		a. Uninformative b. Not strongly at all			a. Average b. So-So			a. Informative b. Strongly	
3a.	Training for Success: Preparation of Regular Elementary Teachers to Serve Handicapped Children: A Comment on Mainstreaming	1	2	1 3	2 4	3 5	2 6	7	8 Evaluat 4.25
3b.	How strongly do you feel about this rating?	1	2	3	1 4	4 5	3 6	7	8 Evaluati 5.25
4a.	Success from the Child's Point of View: Self Concept and the Preschool/ Elementary Aged Emotionally Disturbed Child	1	2	3	1 4	1 5	2 6	2 7	6 Evaluati 5.83
4b.	How strongly do you feel about this rating?	1	2	3	1 4	1 5	1 6	4 7	7 Evaluatio 6.14
5a.	The Importance of Parent Education and Training - A Parent Panel	1	2	3	4	5	4 6	3 7	7 Evaluati 6.42
5b.	How strongly do you feel about this rating?	1	2	3	4	1 5	2 6	4 7	7 Evaluatio 6.42
ACK II - ADOLESCENTS									
2a.	Issues of Legal Rights of Juveniles	1	2	1 3	1 4	1 5	1 6	1 7	5 Evaluat 5.0
2b.	How strongly do you feel about this rating?	1	2	3	1 4	1 5	1 6	2 7	5 Evaluati 5.80
3a.	Classroom Management with Emotionally Disturbed Secondary Students	1	2	3	4	2 5	2 6	1 7	5 Evaluat 5.80
3b.	How strongly do you feel about this rating?	1	2	3	4	1 5	2 6	1 7	4 Evaluat 6.0
4a.	Dynamics of Drug Dependency (or Be a Man, Not a Kid, Buy a Pound, Not a Lid)	1	2	3	4	2 5	1 6	2 7	5 Evaluati 6.0
4b.	How strongly do you feel about this rating?	1	2	3	4	1 5	2 6	2 7	5 Evaluat 6.2
5a.	Drug Dependency and Its Effect on School and Social Role Performance	1	2	3	4	2 5	2 6	1 7	5 Evaluati 5.8
5b.	How strongly do you feel about this rating?	1	2	3	4	1 5	2 6	2 7	5 Evaluati 6.2
6a.	Drug Dependency: Assessment and Intervention	1	2	3	4	2 5	2 6	1 7	5 Evaluati 5.8
6b.	How strongly do you feel about this rating?	1	2	3	4	2 5	1 6	2 7	5 Evaluati 6.0
7a.	Training School/Other Agency Personnel to Work with Emotionally Disturbed Adolescents A Panel	1	2	3	4	1 5	3 6	1 7	5 Evaluati 6.0
7b.	How strongly do you feel about this rating?	1	2	3	1 4	5	2 6	1 7	4 Evaluat 5.75

rgo Workshop
ril 19, 20, 21, 1979

lution Form (continued)

	a. Uninformative b. Not strongly at all			a. Average b. So-So			a. Informative b. Strongly	
a. Adolescent Treatment in the In-Patient Setting	1	2	/ 3	/ 4	/ 5	6	7	3 Evaluat 4.0
b. How strongly do you feel about this rating?	1	2	3	/ 4	/ 5	6	/ 7	3 evaluat 5.33
. Is Additional Help Needed: Managing Counseling Services to Adolescents in School	1	2	3	4	3 5	/ 6	7	4 Evaluat 5.25
. How strongly do you feel about this rating?	1	2	3	4	/ 5	2 6	/ 7	4 Evaluati 6.0
. Group Therapies for Adolescents	1	2	3	4	/ 5	2 6	/ 7	4 Evaluat 6.0
. How strongly do you feel about this rating?	1	2	3	/ 4	5	/ 6	2 7	4 Evaluat 6.0

	a. Disagree b. Not strongly at all						a. Agree b. Strongly	
. The topical format of this conference allowed significant improvement in providing specific, useful skills.	1	2	/ 3	/ 4	5 5	3 6	2 7	12 Evaluat 5.33
. How strongly do you feel about this rating?	1	2	3	/ 4	3 5	4 6	4 7	12 Evaluat 6.0

. What did you like most about the conference?

Please see attached.

What did you list least about the conference?

Please see attached.

List three areas of interest, in order of importance, that were not brought out in this conference, that you would like to see included in future workshops:

1. Please see attached.

2.

3.

Additional Comments:

Please see attached.

Fargo Workshop
April 19, 20, 21, 1979

2. What did you like most about the conference?

Dr. Rimland's presentation
Ms. Kay McDonald's presentation
Hyperkinesis and Short Attention Span - Dr. Steve Harlow
State of the Art of Mental Retardation - Dr. Tjossem
Breadth of the personnel giving the various presentations; their openness to interaction
Group therapy for adolescents
The application to school setting, the feeling that the participants can be used as statewide resource people

3. What did you like least about the conference?

Sitting too long
Dr. Tjossem's presentation
No aid for integration, pulling it together, have a task for setting goals at beginning
After many presentations, did not feel that I'd learned anything specific
Formal presentations

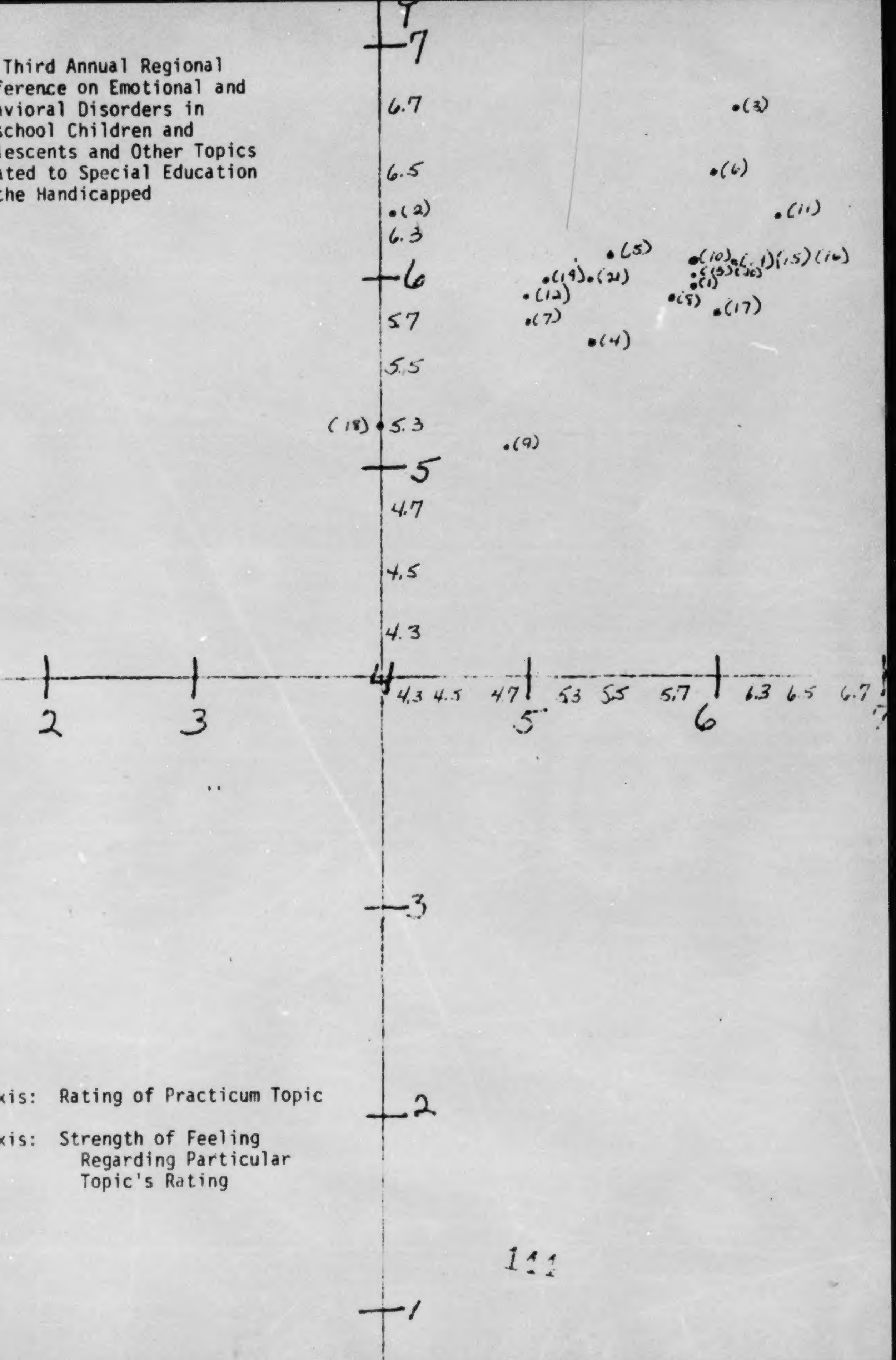
4. List three areas of interest, in order of importance, that were not brought out in this conference, that you would like to see included in future workshops:

More depth information for elementary teachers (mainstreaming)
Help with a student with behavioral problems enrolled in a regular classroom of 30 students
Developing interagency resource networks
Helping kids cope with divorce

5. Additional comments:

A fine variety of philosophical, practical, interesting insights into children and their world.
I rated some presentations with less than 6 or 7 only because I felt it was "old stuff"
I actually feel that is has overall been an excelletn, informative and helpful workshop.
Valuable for the classroom teacher.
Very good conference - informative and enjoyable.
The quality varied considerably. A help would be some pre-conference assignment in setting goals, etc. This can be worked in with more participation in discussions, question formulaton and peer interaction.
A forum (trail-end) of the success and/or use of the workshop to close things more successfully. People with similar concerns could get a touch for their own follow-up.
Regarding Dr. Tjossem's presentation - could you prime people to the needs of those attending.
Presenters should introduce themselves before each session and indicate what they do.
Would have liked to have seen Dr. Rimland's data.
Mr. Garaas made his session more a PR session prompting lawyers rather than giving us information as to adolescent's rights.

The Third Annual Regional
Conference on Emotional and
Behavioral Disorders in
Preschool Children and
Adolescents and Other Topics
Related to Special Education
of the Handicapped



Axis: Rating of Practicum Topic

Axis: Strength of Feeling
Regarding Particular
Topic's Rating

APPENDIX E

Four-Year-Old Brochure, Three-Year-Old Brochure and Child Insurance Brochure

Child Insurance

Ways to Protect Your Child's Potential

Emergency Telephone Numbers:

Poison Control Center ____________________

Fire Department ____________________

Police Department ____________________

Hospital ____________________

Doctor ____________________

Prepared by:

Children's Services Department
Southeast Mental Health & Retardation Center
Fargo, North Dakota

Funded by:

Grant No. G007603996, a BEH-Handicapped Children's Early Education Program grant from the U.S. Office of Education.

116

PROTECTING YOUR CHILD DURING PREGNANCY

Alcohol

Problem: When you drink, your unborn baby does, too! Pregnant women who drink run a greater risk of having children with mental and physical defects.
Prevention: No one knows just how much alcohol is too much. If you're pregnant, don't drink; if you drink, don't become pregnant.

Drugs

Problem: Medication, drugs, and various chemical substances taken during pregnancy are the suspected causes of many birth defects.
Prevention: Check with your doctor before using any kind of medication, no matter how harmless it may seem.

Smoking

Problem: Women who smoke during pregnancy have a greater number of babies with low birth weight which is often associated with structural defects and neurological disorders.
Prevention: Stop smoking during pregnancy or at least cut down.

Illness

Problem: Maternal illness such as rubella (German measles) and herpes virus often increase the risk of blindness, deafness, mental retardation, and other birth defects.
Prevention: Take precautions against contracting serious illness. See your doctor immediately if you are exposed to an illness.

Nutrition

Problem: Malnutrition or improper diet during pregnancy can possibly cause physical and mental impairments in the unborn child.
Prevention: Eat well balanced meals. Follow your doctor's instructions in taking food and vitamin supplements.

Radiation

Problem: There is a definite relationship between birth defects and the mother's exposure to high levels of radiation.
Prevention: Postpone unnecessary X rays until after your child is born.

PROTECTING YOUR GROWING CHILD

Suffocation and Choking

Problem: Suffocation and choking are the most frequent causes of accidental death in children under one year of age.

Prevention: Prevention is as basic as not allowing your child to play with dangerous objects such as balloons, beads, bones, buttons, carrots, coins, peanuts, plastic bags, popcorn, and unused refrigerators. If choking does occur, hold your child upside down, over your arm, and then strike between the shoulder blades.

Poisoning

Problem: Nearly 50% of all poisonings occur in children under 5.

Prevention: Be aware of the dangers in your home, including many plants, and take steps to make it poison-proof. Teach children not to chew on anything other than food. In case of poisoning, find out what kind of poison was taken and how much. Then call your local poison control center for further instructions.

Automobile Accidents

Problem: Trauma is an increasing problem in our country as a result of the high rate of automobile accidents.

Prevention: Standard safety belts can be used after the child weighs at least 40 pounds. Until that time, an infant or child car seat should be used. Establish "travel safety rules" for your child. And remember, never leave your child in a car alone.

Environmental Deprivation

Problem: Many cases of mental, physical, and emotional handicaps are due to environmental effects such as poverty, lack of adequate sensory stimulation, and lack of intimate contact with a specific adult.

Prevention: Allow your child to explore the environment. Provide interesting and challenging learning activities for your child. Talk with your child frequently and ask questions to stimulate his curiosity. Provide a variety of enriching experiences such as trips to parks, zoos, and playgrounds.

PROTECTING YOUR GROWING CHILD

Infections

Problem: Diseases still constitute a major hazard for children.
Prevention: Vaccines are among our safest and most reliable medicines. Every year they prevent countless serious illnesses and deaths from measles, polio, diphtheria, tetanus, mumps, rubells, and whooping cough. See your doctor or health clinic now.

Nutrition

Problem: Nutritional deprivation can result in vitamin and mineral deficiencies, which can make the child more vulnerable to disease. Poor nutrition is also a factor in mental and physical handicaps. Certain foods and food additives can attribute to behavior problems in some children.
Prevention: Make sure your child gets the recommended daily requirements in the four food groups. Consult your doctor about food and vitamin supplements. Provide healthy nutritional meals and establish good eating habits in your child while she is young.

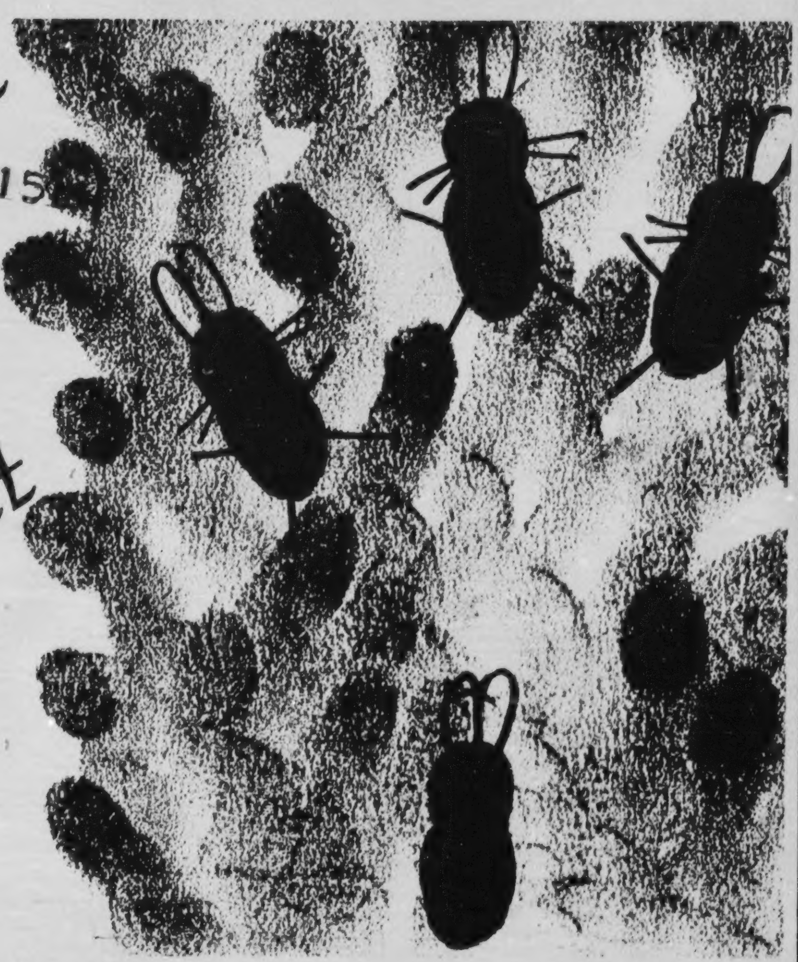
PREVENTION IS THE KEY

Fire Safety: Have a family escape plan with instructions for each child on how to leave the house. Keep toddlers away from matches, stoves, heaters, and open fires. Teach older children safe use of fire and inflammables.
Electrical Safety: Cap unused electrical wall outlets, keep electric cords repaired, and disconnect appliances not in use.
Machinery Safety: Teach proper respect for and later, use of ordinary home appliances, lawn equipment, and farm machinery.
Firearm Safety: Keep firearms and ammunition locked up. Make sure that guns in the house are unloaded.
Swimming Safety: Most drownings are avoidable. Teach your child to swim early and emphasize safety in the water. Be sure that qualified adult supervision and rescue equipment are available when your child is near water.
Street Safety: Teach your child respect for the hazards of streets and automobiles. Learning street safety rules should begin at an early age.

Your Child At Three

This brochure was funded in part by grant # G 007603996, a BEH-Handicapped Children's Early Education Program grant from the U.S. Office of Education

Three Year Old Development



The developmental areas are divided into the categories of gross motor, fine motor, cognitive-communication, self-help, and social-emotional. Your 3-year-old child will begin developing these skills and should be able to perform most of these items by the age of four. If he or she is not able to do so, you as parents should be encouraging and working on these skills with your child.

GROSS MOTOR

Can swing
Successfully throws a ball into a large box from a distance of 5 feet
Can turn around obstacles and corners while running
Alternates feet going upstairs holding on to the railing for safety
Rides on a tricycle using pedals
Balances on one foot for 5 seconds
Can walk on tiptoes
Catches a bounced ball with both hands
Can hop on one foot
Can broad jump by leaping over two lines placed one foot apart
Kicks a large ball
Can imitate standing still with heels together and arms at sides for at least 10 seconds

FINE MOTOR

Builds a tower of nine cubes
Draws a head of a man and at least one other part (facial features, legs, or arms)
Can pound nails and pegs
Prints a few large, single letters anywhere on a page
Can copy vertical and horizontal lines, a circle, cross, square, H, T and V
Cuts with scissors
Builds a three block bridge from a model
Is establishing preference for right or left hand

COGNITIVE - COMMUNICATION

Can name three colors (usually red, yellow, blue or green)
Can speak in approximately three word sentences
Can repeat three digits in proper sequence (for example, "3-6-1")
Pronounces correctly the following sounds: b, p, m, w, h
Can put together seven piece puzzle
Knows first and last name, and sex
Can point to tongue, neck, arm, knee, and thumb, when asked
Knows concept of smaller/larger and shorter/longer
Uses nouns and verbs frequently
Asks many questions beginning with "What?", "Where?", "Who?"
Can build tower of five blocks graduated in size
Relates experiences, describes activities
Can give sensible answers to such questions as "Why do we have stoves?", "Why do we have to take a bath?", "What do we do when we are thirsty?", etc.
Can match pictures or objects that are the same
Comprehends three prepositions such as: on top of, under, in
Can count three blocks and answer the question, "How many?"
Can say a nursery rhyme or sing a song
Counts to five in imitation of adults

SELF-HELP

Cares for own toilet needs
Can button large buttons
Eats with fork or spoon with little spilling
Spreads butter on bread with knife
Washes and dries hands and face acceptably without help
Is usually dry all night
Dresses and undresses self, except for difficult fastenings, without supervision
Brushes teeth
Can put on shoes and socks (tying not necessary)
Pours well from pitcher
Cleans nose when reminded

SOCIAL-EMOTIONAL DEVELOPMENT

Separates from mother easily without crying or tantruming
Joins in play with other children
Understands taking turns
Makes effort to keep surroundings tidy
Understands sharing playthings, sweets, etc.
Shows affection for younger siblings
Performs for others and draws attention to oneself
Likes to help with adult activities in house and yard
Indulges in simple "make believe" activities including imaginary people and objects
Enjoys floor play with bricks, boxes, toy trains, or cars alone or with other children
Plays interactive games (tag, housekeeping, etc.)

By the age of four, a child who does not have most of the skills listed above, may need special assistance. If you have any questions or concerns, do not hesitate to contact:

Children's Services
Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota 58103
Telephone: 237-4513
ND Toll Free Number: 1-800-342-4900

Brochure Prepared by LeAnn Goughnour and Monica Huson

Helpful Hints for Parents

Provide your child with. . .

reminders during the day to go to the toilet.
opportunities to be mother's or father's helper some of the time.
outdoor playthings: wagon, wheelbarrow, large blocks, tricycle, and swing.
housekeeping toys, clay, crayons, and finger paints.
simple, truthful answers to where do babies come from and other questions.
opportunities to be away from parents occasionally.
opportunities to play with other children and also to play alone.
opportunities to frequently listen to music and stories.
a variety of enrichment experiences, such as trips to parks, stores, airports, farms, churches, playgrounds, pet stores, and lakes.
simple household rules, such as a set bedtime, a quiet voice indoors, and simple age appropriate chores.
a stool to reach the sink for washing and brushing teeth.
low hooks on which to hang clothes.

Encourage your child to. . .

care for his own toys and equipment and to respect the property of others.

share and take turns.

follow directions.

listen and not interrupt when someone is talking.

Parent's Responsibilities

Respect your child's rights. Listen to him when he talks. Make him feel like an important contributing part of the family.

Be consistent in disciplining your child. Have simple rules in your home and see that they are carried out.

Talk frankly about your child's fears, such as visits to the doctor, the dark, etc.

Give your child frequent reassurance of your love. Hug and kiss him. Praise him for good behavior.

Compliment your child on effort as well as accomplishment.

Let your child participate in simple chores at home.

Insure your child's regular dental and medical check-ups. See that immunizations are up to date. Have vision and hearing checked.

Maintain a balanced diet (a variety of tasty foods and healthy snacks).

Establish rules for bedtime to insure adequate sleep: a set time and routine procedure (drink, kiss, story, etc.)

Keep harmful items out of your child's reach.

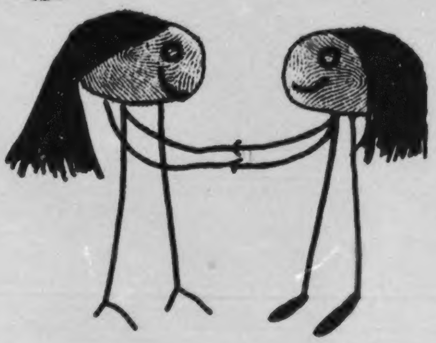
Let your child learn from mistakes as well as successes. Praise him for what he has done right; encourage and teach him when he is wrong.

Be a good model for your child. Your child will reflect your behaviors, attitudes and values.

YOUR CHILD AT FOUR

Brochure prepared
by
Monica Huson and LeAnn Goughnour

Four Year Old Development



The developmental areas are divided into the categories of gross motor, fine motor, cognitive-communication, self-help, and social-emotional. Your preschool child should be able to perform most of the items in each of these areas. If he is not able to do so, you as parents should be encouraging and working on these skills with your child.

GROSS MOTOR

Runs skillfully (turning around sharp corners and obstacles)
Can climb playground equipment, ladders, or trees
Can run on tiptoe
Rides tricycle expertly
Begins to skip
Jumps from height of 12 inches
Balances on 1 foot for 10 seconds
Walks backward, heel to toe
Throws, catches and bounces ball successfully at least 50% of the time
Walks alone up and down stairs alternating feet

FINE MOTOR

Draws circle, cross, and square; copies triangle, and the letters O, H, V, T
Draws man with at least 3 parts (head, facial features, legs, arms)
Draws very simple house (with windows, door, roof, chimney)
Holds paper with other hand when coloring or drawing
Imitates folding and creasing paper (3 folds)
Cuts with scissors
Holds crayon with fingers rather than fist

COGNITIVE, COMMUNICATION

Can name 3 objects from memory, after objects have been removed
Can tell a story from pictures
Can speak in complete sentences
Can tell how things are the same and different
Can follow 3 commands in proper order (for example,"Close the door, pick up the ball, and then sitdown.")
Gives sensible answer to questions such as "Why do we have houses?"
Can define 6 words
Knows first and last name, sex, age, birthday, and home address
Can verbally count to 10 in sequence
Counts 4 objects and correctly answers the question, "How many?"
Can put together 12-piece puzzle
Builds with blocks
Speech is clear and understandable
Makes opposite analogies (The elephant is big, the mouse is ______.)
Knows the function of several body parts (ears, eyes, nose, mouth, etc.)
Recognizes names of common coins (penny, nickel, dime)

SELF-HELP

Laces shoes
Knows front from back of clothes
Buttons 4 buttons
Can cut with knife
Finds way about immediate neighborhood
Can dress and undress self without help except for difficult fastenings
Brushes teeth, combs hair, washes and dries face and hands without help
Is completely toilet trained both day and night

SOCIAL-EMOTIONAL DEVELOPMENT

Cooperates with other children
Goes on simple errands outside the home (not across streets)
Shows sympathy for playmates when they are hurt
Likes to show others accomplishments ("Look at me!")
Participates in activities outside the home (Sunday School, birthday parties, nursery school, etc.)
Can separate from parent without crying or tantruming
Able to sit and play or work at an activity for 15 minutes
Uses toys and play materials appropriately
Plays with other children without excessive fighting, teasing, tattling or other uncooperative behaviors
Makes friends easily
Participates in group activities with other children
Enters into new situations or meets adults without difficulty
Is generally happy

Four year old children who do not have many of the skills listed above, may need special assistance. If you have any questions or concerns, do not hesitate to contact:

Children's Services
Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota 58102

Telephone: 237-4513
ND Toll Free Number: 1-800-342-4900

Helpful Hints for Parents

Provide your child with. . .

opportunities to play with other children and also to play alone.

opportunities to frequently listen to music and stories.

crayons, paste , scissors, clay, and paint to use.

a variety of enrichment experiences, such as trips to parks, stores, airports, farms, churches, playgrounds, pet stores, and lakes.

simple household rules, such as a set bedtime, a quiet voice indoors, and simple age appropriate chores.

time to listen to him and answer questions. Ask questions to stimulate his curiosity and learning.

Encourage your child to. . .

care for his own toys and equipment and to respect the property of others.

share and take turns.

follow directions.

listen and not interrupt when someone is talking.

Parent's Responsibilities

Respect your child's rights. Listen to him when he talks. Make him feel like an important contributing part of the family.

Be consistent in disciplining your child. Have a few simple rules in your home and see that they are carried out.

Talk frankly about your child's fears, such as visits to the doctor, the dark, etc.

Give your child frequent reassurance of your love. Hug and kiss him. Praise him for good behavior.

Compliment your child on effort as well as accomplishment.

Let your child participate in simple chores at home.

Insure your child's regular dental and medical check-ups. See that immunizations are up to date. Have vision and hearing checked.

Maintain a balanced diet (a variety of tasty foods and healthy snacks).

Establish rules for bedtime to insure adequate sleep: a set time and routine procedure (drink, kiss, story, etc.).

Keep harmful items out of your child's reach.

Encourage your child to have a hobby. New experiences and involvement in activities helps build a better self image and confidence.

Let your child learn from mistakes as well as accomplishments. Praise him for what he has done right; encourage and teach him when he is wrong.

APPENDIX F

Site Visitations

Level IV - Site Visitation

From July 1, 1978 - June 30, 1979

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Rich Weiss Utah State	July	All Programs	1½ hours	Send materials developed by Project
Shane McGillicuddy	July	TETC	1 hour	TETC, STP and PACT brochures sent
Kathy Riske	July	All Programs	1 hour	None
Rainy Memorial Mental Health Center	July	PACT	30 minutes	PACT replication
Hawley Preschool	July	TETC	4 hours (Total 5 visits)	Telephone contact in January
Steve Olson	July		30 minutes	Volunteer assignment
Blair Lundboy	July		30 minutes	Volunteer assignment
Jim Nelson	August	All Programs	1 hour	None
Two BSU Students	August	TETC	1 hour	None

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Bill Gingold	August	All Programs	1 day	None
Paul Kornsluth	August	All Programs	1 hour	None
Dr. Lawrence Isom	August	All Programs	2 hours	Refer children to him as appropriate
Georgia Orwick Day Care Supervisor ND State Social Ser.	August	Outreach	1½ hours	Contract with day care to do joint newsletter and identify day care homes which are serving handicapped kids
Nancy Hanson	August	All Programs	1 hour	Making sound-slide for State-wide DD programs
Betty Myers Growing Tree Nursery School, Moorhead	August		1 hour	4 year old brochure - DIP manual
Cindy Erickson Moorhead State	August	All Programs	1 hour	Materials describing all programs
Cindi Bergstrom	August	All Programs	30 minutes	None

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Jan Catron Rapid City Public Schools	August		2 days	Training
Hawley Preschool	September	TETC	4 hours (Total 5 visits)	Telephone contact in January
Steve Olson	September		30 minutes	Volunteer - Concordia Student
Blair Lundborg	September		30 minutes	Volunteer - Concordia Student
Dr. Amy Glasser UND - Special Education	September	All Programs	2 hours	PACT for Special Needs packets. Literature on Concept Media's filmstrips. Talk to Sp. Ed. Classes
Nancy Hanson Advertising Agency	September	All Programs	1½ hours	Developing State DD sound-slide
Georgia Orwick State Day Care Supervisor	September	All Programs	1½ hours	Joint Newsletter with State Social Services to all Day Care Homes
Harley Trefz Director, Children and Adolescent Treatment Center, Jamestown	September	All Programs	1 hour	Co-sponsoring Consortium Workshop

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Marsha Bokee	September	Consortium	2½ hours	None
New staff at NDSU	September	TETC	1 hour	None
Dakota Nurses	September	TETC	1 hour	None
Jim Tronsgard Fargo Public Schools	October	TETC	30 minutes	Outreach technical assistance requested
Dr. Vern Bennett Fargo Public Schools	October	TETC	30 minutes	
Carl Rodlund, Vi Haug, Jerry Korsmo	October	DD site visit DD Coord. All prog. and serv. for handicapped	2 hours	Get Social Services involved in next Spring screening
Lois Meinke	October	Parent Ed. for parents of handicapped children	1 hour	Borrow filmstrip "The Crisis" to show class. Put PACT-SN packets on reserve in Moorhead State Library

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Maurice Lucas	October	Outreach	1 hour	Day Care Newsletter we prepare will also go to NDAEYC members
Dr. Dissinger NDSU/CDFR	November November	TETC All Programs	1 hour 30 minutes	None None
Dr. Dissinger and 3 students NDSU/CDFR	November	TETC	1 hour	None
Mr. Tim Ludwig NDSU Student	November	TETC	45 minutes	Wants to volunteer - Contact in week
Mr. Steve Olson Concordia Student	November	TETC	1 hour	Wants to volunteer/Coop Ed. starting in January
Kim Dahl and Jan Brenden, Concordia Students	November	TETC	1 hour	Want to volunteer/Coop Ed. starting in January
Mr. Eric Stevens and 2 teachers Becker/Clay Sp. Ed. Cooperative Audubon, MN	November	TETC	1 hour	Teachers will visit TETC to observe program and generalization for Mike Moe
Glenna Meiers UND Student	November	All Programs	1 hour	None

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Ms. Jan Witte Concordia College	December	TETC	30 minutes	Wants to do Coop. Ed. practicum starting in January
Dakota Nurses Dakota Hospital	January	TETC	1½ hours	None
Gloria Bancroft Head Start	January	TETC	30 minutes	Outreach consultation requested
NDSU Nurses	January	TETC	1 hour	None
Two St. Luke's nursing students	January	Home Teaching	1½ hours	None
Howard Laudert Employment for Handicapped	January	TETC	30 minutes	None
Mike Maher NDSU Counseling Center	January	All Programs	1 hour	None
Cindy Koons Respite Care Program	January	TETC	30 minutes	Easter Seal Telethon Outreach technical assistance requested
Gloria Bancraft Sharon Rezac Fargo Head Start	February	TETC	30 minutes	Outreach consultation requested

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Six professionals & paraprofessionals Belcourt Head Start	February	TETC	30 minutes	Outreach consultation requested
Dorothy Traub and Barbara Kale Speech & Hearing Service, Inc., Jamestown, ND	February	TETC	2¼ hours	TETC Lang.-Cog. Skills Assessment Infant - Stim. materials
Five NDSU nurses (2 times)	February	TETC		None
Two St. Luke's Nursing Students (5 times)	February	TETC		None
Ten Dakota Hospital Nursing Students	February	TETC	1 hour	None
Six North High School Students	February	TETC	1 hour	None
Four NDSU nurses	March	TETC	1 hour	None
Sister Carolita Wahpeton State School of Science	March	TETC	1 hour	COTA affiliation information

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Mr. and Mrs. Rosenkranz, Parents	March	TETC	30 minutes	Intake and possible TETC placement
Will Ashworth Jim Adelson	March	Children's Services	1½ hours	Easter Seal Telethon
Patty Anderson Junior League Respite Care Committee	March	TETC	1 hour	East Seal Telethon
Four Wahpeton School Staff	April	TETC	30 minutes	Eval. results will be sent at end of year
Marcy Hansen Early Childhood Parenting Classes	April	TETC	4 hours	None
Kathy Jones UND-OT Graduate	April	Outreach	4 hours	None
Duane Goodno Day Care Consultant Moorhead, MN	April	Outreach	30 minutes	None
Linda Molenaar, Red River AEYC	April	Outreach	30 minutes	Speaking engagement

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
Dr. Tjossem, Maternal and Child Health	April	Infant Unit		Consultant
Barb Kutzer Moorhead State	April	All Units	30 minutes	To use filmstrips. To do practicum in summer
Lynn Thompson Clay-Wilkin Opportunity Council	April	All Units	30 minutes	Will send PACT material
Vince Lindstrom Fargo Public Schools	April	All Units	30 minutes	Will do workshop
Jerry Hasche Principal, Woodrow Wilson School	April	TETC	30 minutes	Will come back when children are in therapy
Barb Kutzer Moorhead State	May	Outreach	15 minutes	Family Crisis film strip
Marcy Hanson Moorhead State	May	Outreach	1 hour	Future 5-week practicum student.
Jerry Hasche Woodrow Wilson School Principal	May	TETC	2 hours	Set up periodic visits for dual placement children

Site Visitor	Month	Program Visited	Staff Time Committed	Follow-up - Action Taken
David Ainsworth Valley City State	May	Outreach	30 minutes	Will give workshop in Valley City 1979/80
Susan Ham, Art teacher for handicapped	May	TETC	30 minutes	None
Six speech/language pathology students from NDSU and MSU	May	TETC	30 minutes	None
Marsha Quale Speech/Language student (NDSU)	May	TETC	15 minutes	None
Carolyn Davenport CDFR Department	May		1 hour	None
Barb Larson Dakota Hospital Occupational Therapy	June	TETC Home Tching.	2½ hours	None
NDSU Student Nurses	June	TETC	30 minutes	None
NDSU Student Nurses	June	TETC	40 minutes	None
Dr. Donald Sandness Director, NDSU Speech/ Language Clinic	June	TETC	1 hour	None

APPENDIX G

Accumulative Outreach Training and Technical Assistance

BEH Outreach Training and Technical Assistance
Fargo Project-Replication Data
June, 1975 to July 1, 1979
Program: PACT and PACT-SN

Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
1. Pueblo County Head Start Pueblo, Colorado	PACT	June 1975	20	105*	27*
2. Towner Head Start Towner, North Dakota	PACT	August 1975	2	8	1
3. Clay-Wilkin Opportunity Council Moorhead, Minnesota	PACT	August 1975 Oct.1975	5	45*	10*
4. Fergus Falls State Hospital Fergus Falls, Minnesota	PACT	Oct. 1975	1	0	0
5. Northwest Oklahoma Education Service Center Alva, Oklahoma	PACT	Oct. 1975	6	0	0
6. Inter-County Community Council - Head Start Oaklee, Minnesota	PACT	Nov. 1975	10	0	0
7. Center for the Developmentally Disabled Vermillion, South Dakota	PACT	Sept. 1976	1	0	0
8. Becker-Clay Special Education Coop. Audubon, Minnesota	PACT	Jan. 1977	1	13*	13*

* Number of children for year of training only. Data from subsequent years are not included.

Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
9. Williston Head Start Williston, North Dakota	PACT	Jan. 1977	5	15	0
10. Tri-County Development Corp. - Head Start Guernsey, Wyoming	PACT & PACT-SN	Oct. 1977	1	0	0
11. South Central Community Action Program, Inc. - Head Start Lake Andes, South Dakota	PACT & PACT-SN	Oct. 1977	1	150	15
12. Western South Dakota Head Start Rapid City, South Dakota	PACT & PACT-SN	Oct. 1977	1	76	9
13. East Range Day Activity Center Eveleth, Minnesota	PACT-SN	Oct. 1977	1	0	0
14. Northern Montana Head Start, Inc. Havre, Montana	PACT & PACT-SN	Feb. 1978	1	60	12
15. Butte Silver Bow Head Start Butte, Montana	PACT & PACT-SN	June 1978	2	147	14
16. PPCAP - Head Start Colorado Springs, Colorado	PACT & PACT-SN	June 1978	1	220	25
17. Northeast South Dakota Community Action Program Sisseton, South Dakota	PACT & PACT-SN	June 1978	1	225	23

	Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
18.	Memorial Mental Health and Retardation Center Mandan, North Dakota	PACT-SN	August 1978	1	20	20
19.	Fargo-West Fargo Head Start Fargo, North Dakota	PACT	September 1978	16	100	13
			November 1978 - May 1979 (ongoing)	1		
20.	Fallon Mental Health Center Fallon, Nevada	PACT	February 1979	1	10	1
	TOTAL			79	1,194	183

BEH Outreach Training and Technical Assistance
Fargo Project-Replication Data
June, 1975 to July 1, 1979
Program: Partial TETC/STP/PACT Replications

Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
1. Marshall Home Start Marshall, Minnesota	Partial STP	Sept. 1975	6	80*	8*
2. Clay-Wilkin Opportunity Council Moorhead, Minnesota	Partial STP	Oct. 1975	5	60*	13*
3. Moorhead Vocational Technical Institute's Preschool Program Moorhead, Minnesota	Partial PACT	May, 1976-May, 1978	2	148	0
4. South Central Achievement Center Jamestown, North Dakota	Partial TETC	Dec., 1976 Jan., 1977	5	15*	15*
5. Nokomis Day Care Center Fargo, North Dakota	Partial TETC	Feb. 1977	12	40*	2*
6. Fargo Preschool Coordinating Council Fargo, North Dakota	Preschool Screening/ Evaluation/ Placement Recommend.	Sept. 1977 April 1978 & 1979	36	1,466	120
7. Tri-County Development Corp. - Head Start Guernsey, Wyoming	Partial TETC	Oct. 1977	1	211*	18*
8. South Central Community Action - Head Start Lake Andes, South Dakota	Partial TETC	Oct. 1977	1	150*	15*

* Number of children for year of training only. Data from subsequent years are not included.

Partial TETC/STP/PACT Replications - 2

Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
9. Western South Dakota Head Start Rapid City, South Dakota	Partial TETC	Oct. 1977	1	76*	9*
10. Grand Forks Public Schools Grand Forks, North Dakota	Partial TETC	Oct. 1977	1	1*	1*
11. Fargo-West Fargo Head Start Fargo, North Dakota	Partial TETC (Assessment)	Nov. 1977	8	90*	9*
12. MAHUBE Community Council Detroit Lakes, Minnesota	Partial STP	Jan. 1978	10	78*	2*
13. Williston Head Start Williston, North Dakota	Partial TETC	Jan. 1978	12	97*	9*
14. University of Wyoming - Handicapped Preschool Education Program Sheridan, Wyoming	Partial TETC	March 1978	38	105*	105*
15. Fargo Public Schools Fargo, North Dakota	Partial TETC (toilet training)	March 1978	12	7*	7*
16. Tri-Valley Opportunity Council Crookston, Minnesota	Partial TETC	June 1978	1	12*	12*
17. Rapid City Public Schools Rapid City, South Dakota	Partial STP	August 1978	1	20	20

* Number of children for year of training only. Data from subsequent years are not included.

Partial
TETC/STP/PACT Replications - 3

	Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
18.	Cass County Social Services Fargo, North Dakota	Partial STP and PACT	September 1978	50	150	30
19.	Behavior Analysis Follow through Program Department of Human Development University of Kansas Lawrence, Kansas	Partial TETC	Ocotober 1978	12	undetermined	undetermined
20.	Bismarck Early Childhood Education Program (BECEP) Bismarck, North Dakota	Partial TETC	November 1978	50	300	175
21.	Special Education Bowbells, North Dakota Eastmont Training Center Glendive, Montana	Partial TETC	November 1978	5	2	2
22.	Williston Head Start Williston, North Dakota	Partial TETC	Dec. 1978 Jan. 1979 Mar. 1979	14 15 17	95	10
23.	Turtle Mountain Head Start Belcourt, North Dakota	Partial TETC	Oct. 1978 Nov. 1978 Dec. 1978	18 18 18	240	32
24.	Child Program Center Inc. Moorhead, Minnesota	Partial TETC	January 1979	20	65	2
25.	Fargo-West Fargo Head Start Fargo, North Dakota	Partial TETC	Jan. 1979 Feb. 1979 Mar. 1979 May 1979	2 2 25 22	100	13

Partial
TETC/STP[illegible]ACT Replication - 4

	Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
26.	Special Education New Rockford, North Dakota	Partial TETC	March 1979	25	375	20
27.	Moorhead Public Schools Moorhead, Minnesota	Partial TETC	January - May, 1979	1	20	20
	TOTAL			375	4,003	669

9/79

BEH Outreach Training and Technical Assistance
Fargo Project-Replication Data
June, 1975 to July 1, 1979
Program: Magic Kingdom

Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children
1. BECEP Bismarck, North Dakota	Magic Kingdom	June 1975	2	0	0
2. Center for the Developmentally Disabled Vermillion, South Dakota	Magic Kingdom	June 1975 June 1976 Sept. 1976	3	674*	176*
3. Pueblo County Head Start Pueblo, Colorado	Magic Kingdom	June 1975	20	325*	40*
4. Towner Head Start Towner, North Dakota	Magic Kingdom	August 1975	2	0	0
5. Northwest Oklahoma Education Service Center Alva, Oklahoma	Magic Kingdom	September 1975	6	415*	109*
a. Enid Public Schools				433*	67*
b. Bartlesville Public Schools				375*	30*
c. Elk City Public Schools				156	15
d. Harrah Public Schools				67	17
e. North Enid Public Schools				79	24
f. Weatherford Public Schools				90	9
g. Guymon Education Service Center				723*	157*
h. Ada Education Service Center				739*	74*
i. Bartlesville Education Service Center				2,067*	145*

* Number of children for year of training only. Data from subsequent years are not included.

Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children
6. Fargo-West Fargo Head Start Fargo, North Dakota	Magic Kingdom	Oct.1975 Oct.1976 Oct.1977	2 2 2	250	33
7. Catholic Charities Bureau Superior, Wisconsin	Magic Kingdom	Nov.1975	3	0	0
8. Moorhead Public Schools Moorhead, Minnesota	Magic Kingdom	January-March 1976	5	296	30
9. Tri-County Community Action - Head Start St. Cloud, Minnesota	Magic Kingdom	February-March,1976 August,1976	6	109*	30*
10. Tri-County Community Action - Head Start Little Falls, Minnesota	Magic Kingdom	July, 1976	5	180*	25*
11. Bottineau Public Schools Bottineau, North Dakota	Magic Kingdom	July, 1976	1	0	0
12. McLean County Social Services Washburn, ND	Magic Kingdom	July, 1976	1	155*	16*
13. Mercer County Social Services Hazen, North Dakota	Magic Kingdom	July, 1976	1	66*	7*

* Number of children for year of training only. Data from subsequent years are not included.

Program Served	Training Regarding	Dates	# of people trained	# of people served	# of handicapped children
14. Morton County Social Services Mandan, North Dakota	Magic Kingdom	July 1976	1	0	0
15. Center for Human Development Grand Forks, North Dakota	Magic Kingdom	Jan. 1977	2	283*	28*
16. Williston Head Start Williston, North Dakota	Magic Kingdom	Jan. 1977	6	97	9
17. South Central Mental Health Center Jamestown, North Dakota	Magic Kingdom	March 1977	1	0	0
18. Memorial Mental Health and Retardation Center Mandan, North Dakota	Magic Kingdom	March 1977	2	0	0
19. Cloquet Public Schools Cloquet, Minnesota	Magic Kingdom	April 1977	29	165	16
20. Tri-County Development Corporation - Head Start Guernsey, WY	Magic Kingdom	Oct. 1977	1	211	18
21. South Central Community Action - Head Start Lake Andes, South Dakota	Magic Kingdom	Oct. 1977	1	150	15
22. Western South Dakota Head Start Rapid City, South Dakota	Magic Kingdom	Oct. 1977	1	76	9

* Number of children for year of training only. Date from subsequent years are not included.

	Program Served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children
23.	Association for the Mentally Retarded Dauphin, Manitoba, Canada	Magic Kingdom	Nov. 1977	1	70*	0*
24.	Northern Montana Head Start, Inc. Havre, Montana	Magic Kingdom	February 1978	1	60	12
25.	Montrose Public Schools Montrose, Colorado	Magic Kingdom	February 1978 - April 1978	10	280*	12*
26.	Butte Silver Bow Head Start Butte, Montana	Magic Kingdom	June 1978	2	147	14
27.	PPCAP - Head Start Colorado Springs, Colorado	Magic Kingdom	June 1978	1	220	25
28.	River East School Division No. 9 Winnipeg, Manitoba, Canada	Magic Kingdom	June 1978	1	200	30
29.	Northeast South Dakota Community Action Program - Head Start Sisseton, South Dakota	Magic Kingdom	June 1978	1	225	23
	TOTAL			122	9,384	1,215

* Number of children for year of training only. Data from subsequent years are not included.

BEH Outreach Training and Technical Assistance
Fargo Project-Replication Data
June, 1975 to July 1, 1979
Program: TETC/STP

	Program served	Training Regarding	Dates	# of people trained	# of children served	# of handicapped children served
1.	Jamestown State Hospital Jamestown, North Dakota	TETC	Oct.-Nov.1976	1	143*	143*
2.	East Range Day Activity Center Eveleth, Minnesota	TETC	Oct. 1977	1	29	29
3.	Fargo Head Start Fargo, North Dakota	TETC	Feb. 1978	1	90*	9*
4.	Northern Montana Head Start Havre, Montana	TETC	Feb. 1978	1	60*	12*
5.	Butte Silver Bow Head Start Butte, Montana	TETC	June 1978	2	147*	14*
6.	PPCAP - Head Start Colorado Springs, Colorado	TETC	June 1978	1	220*	25*
7.	Northeast South Dakota Community Action Program - Head Start Siseton, South Dakota	TETC	June 1978	1	225*	23*
8.	Turtle Mountain Community School Belcourt, North Dakota	TETC	Jan.-May, 1979	3 (2 teachers, 1 parent)	1	1
	TOTAL			11	915	256

* Number of children for year of training only. Data from subsequent years are not included.

APPENDIX H

Memorandum of Agreement

MEMORANDUM OF AGREEMENT

Made this 8th day of August, 1978, between Southeast Mental Health and Retardation Center (provider) with office at Fargo, North Dakota and the Turtle Mountain Head Start Program of the Community Action Agency (client) with office in Belcourt, North Dakota.

Client desires services of provider in connection with training, consultation and follow-up consultation regarding behavior management techniques. Such services shall be offered on the following terms to which both parties hereto agree:

1) That services are to be performed by the provider and received by the client at the cost provided herein for three (3) training and consultation visits of two days each in Belcourt. All materials will be supplied by the provider.

2) Client agrees to supply provider with the following information:

   a) Pre and post evaluations on learnings attained.

   b) Subjective evaluations of the training and consultation sessions.

   c) Total number of preschool handicapped children served.

   d) Pre and post test data on handicapped children (reported anonymously).

   e) Extent to which training facilitated the delivery of special services.

3) Summary of costs to client:

a)	Six days of training and consultation at $100.00 per diem.	$ 600.00
b)	Transportation to and from Belcourt: 1,560 miles at 17¢ per mile.	$ 265.20
c)	Lodging and meals: 7½ days at $35.00 per diem.	$ 262.50
d)	Grand Total Costs	$1,127.70

4) This agreement shall commence the 10th day of August, 1978 and continue until termination June 30, 1979.

5) Provider shall not be liable for any direct, special or consequential damages in connection with or rising out of the furnishing or performance of any of the services provided for in this agreement nor shall the provider be liable for any failure or delay in performance hereunder if such failure is due in whole or part to any cause beyond its control. Without limiting the generality of the language set forth above, the provider will in no event be responsible for any business interruption alleged to have resulted to client by reason of any act or failure of the provider.

6) This contract shall be interpreted according to the laws of the State of North Dakota.

7) This contract shall be binding upon both parties and their successors in the interest of the signees. The provider may assign the whole or any part of its responsibilities under this agreement to other qualified professional entities, joint ventures, or foundations.

8) Any dispute arising under this agreement shall be resolved by arbitration in Fargo, North Dakota, under the rules of the American Arbitration Association.

By: Jennifer M. Ramey
For: Turtle Mountain Head Start
Date: 8/30/78

By: John H. Keating
For: Southeast Mental Health and Retardation Center
Date: 8-11-78

APPENDIX I

Three-Week Agendas for Training Program

Head Start Personnel Training Program
Department of Children's Services
Southeast Mental Health and Retardation Center

February 13, 1978 through February 24, 1978

Week 2

Monday 2

obbie	9:00 - 9:30	Packet: Setting Goals Training Program Objectives for Head Start Personnel Signing Confidentiality Statements
Liz	9:30 - 10:30	Orientation to Center Programs
Robbie	10:30 - 11:00	Discussion: Pre-Test and Problem Solving Sets
↓	11:00 - 11:30	Packet: Objectivity-Subjectivity
	1:00 - 1:30	Observe and Record Objective Behaviors
	1:30 - 2:00	Discuss Record of Objective Behaviors and Record Subjective Behaviors
	2:00 - 3:00	Packet: Basic Principles: Behavior Management Terminology

Week 2

Tuesday 2

Peg	8:15	Meet with Home Trainer-Peg DuBord to discuss home visits
↓	9:00 - 10:30	Two home visits with Home Trainer-Peg DuBord
Bill	1:00 - 2:00	Packet: Antecedents, Behaviors, Consequences
↓	2:00 - 3:00	Observe Session and Record Antecedents, Behaviors, and Consequences
Lobbie	3:00 - 3:30	Discuss Observation/Recording of ABC Behavior Patterns

Week 2

Wednesday 2

Robbie	8:30 - 9:30	Packet: Data Collection Discussion and Sample Exercises
	9:30 - 10:00	Observe Children - Note Behaviors Which Could Be Used for Data Collection
	10:00 - 10:30	Specify the Behavior to be Recorded and the Data Collection Procedures to be Utilized
	10:30 - 11:00	Record the Behavior Specified for Data Collection
	11:00 - 11:30	Discuss Data Collection
Robbie	1:00 - 1:30	Observe Children - Note Behaviors Which Could be Used for Data Collection
	1:30 - 2:00	Specify the Behavior to be Recorded and the Data Collection Procedures to be Utilized
	2:00 - 2:30	Record the Behavior Specified for Data Collection
Liz	2:30 - 3:00	Discuss Data Collection
	3:00 - 3:30	Packet: Contingency Management

Week 2

Thursday 2

Robbie	9:00 - 9:30	Packet: Teaching Techniques
	9:30 - 10:15	Record Teaching Techniques
	10:15 - 10:30	Discuss: Record of Teaching Techniques
	10:30 - 11:30	Packet: Scheduling Activities
Ann/Robbie	1:00 - 2:40	Assist in Therapy Session (LeAnn's group) Observer Record Teaching Techniques
Liz	2:40 - 3:30	Packet: Developing Individual Educational Plan
	3:30	Assignment: Based on Diagnositic Information, Develop an Individual Educational Plan for One Child Currently Enrolled in Your Head Start Program
		Reading Assignment: Changing Children's Behavior By Krumboltz and Krumboltz

Week 2

Friday 2

John	9:00 - 10:30	An Overview of Developmental Disabilities and Recognizable Symptoms of these Disabilities
Robbie	10:30 - 11:30	Packet: Increasing Desirable Behavior
	1:30 - 3:00	Preschool Staffing

Week 3

Monday 3

John	9:00 - 10:00	Packet: Pacing Techniques
Robbie	10:00 - 11:00	Modeling and Prompting Techniques
↓	11:00 - 11:30	Packet: Rephrasing Instructions
Liz	1:00 - 2:30	Assist in Therapy Session (Liz's Group) Observation - Pacing Techniques
Robbie	2:30 - 3:30	Packet: Decreasing Undesirable Behavior

Week 3

Tuesday 3

Peg	8:15	Preparation for Home Visit
↓	9:00 & 10:30	Two Home Visits with Home Trainer - Peg DuBord
Liz	12:45 - 1:00	Review Schedule/Materials for Coached Practicum
↓	1:00 - 2:40	Coached Practicum Using the "Bug-in-the-ear" 30 Minute Session (Liz's group) Assist Remainder of Session
Liz	2:40 - 3:00	Discussion Regarding Performance

Week 3

Wednesday 3

Liz	9:00 - 10:00	Packet: Curriculum Materials
Kay	10:00 - 11:00	Sex Behavior and Interest-Sex Education
Robbie	11:00 - 11:30	Review Schedule Materials for Coached Practicum
↓	1:00 - 2:40	Coached Practicum Using the "Bug-in-the-Ear" (Monica's group) Each Trainee Conducts 30 Minute Session Assist Remainder of Session
Robbie	2:40 - 3:00	Discussion Regarding Performance

Week 3

Thursday 3

Robbie	9:00 - 10:00	Packet: Support Services
↓	10:00 - 10:30	Discussion - Individual Educational Plans
	10:30 - 11:30	Write Schedule for 30 Minute Session and Prepare Materials
Monica/ Robbie	1:00 - 2:40	Coached Practicum Using the "Bug-in-the-Ear" (Moncia's group) (Each trainee conducts 30 minute segment) Assist Remainder of Session
Robbie	2:40 - 3:00	Discussion Preparation for Post-Test

Week 3

Friday 3

Robbie	9:00 - 9:30	Assignment: Complete Evaluation Forms
Kay	9:30 - 11:30	Packet: An Introduction to Family Therapy
Robbie	1:00 - 2:00	Post-Test
	2:30 - 3:00	Preschool Staffing

APPENDIX J

Twelve-Month Follow-up Report

Twelve-Month

Head Start Personnel Training Program Follow-up Report

A vital part of the Head Start Personnel Training Program is research on the program itself. To determine strengths of the three week training program and ways it might be improved, we are conducting follow-up studies on all who participated in the training program. We are especially interested in the degree to which the procedures/techniques introduced in the training program are viewed as useful by those completing the training.

The reporting of data collected in the replication process is also an important part of our outreach training program.

To conduct the follow-up study, we are sending a survey to all participants six months and twelve months after completion of the training program. Participants are to return the completed surveys to the Center staff within three weeks after receiving them.

All answers to the survey will be tabulated anonymously. (Each participant's name will be used to determine which survey's have been returned and removed before the tabulation.) The results of the study will be available to participants upon request.

We wish to thank you in advance for your assistance in this follow-up study.

Head Start Personnel Training Program Survey

Name Carol Brueggeman

Agency Head Start of Colorado Springs

Please rate the following objectives and/or procedures introduced in the Head Start Personnel Training Program as to how valuable you find them to be in the Head Start situation. Circle the numerical value which represents your opinion.

1. Designing and implementing data collection procedures for individual children.

7 6 [✓ 5] 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

2. Generating long range and short range objectives (Individual Education Plan) based upon available asessment data.

7 [✓ 6] 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

3. Identification of problems requiring outside support services and procedures for initiating referral to such services.

7 6 5 [✓ 4] 3 2 1

Extremely useful — Somewhat useful — Not at all useful

4. Administration and interpretation of a developmental assessment/screening instrument.

7 6 [✓ 5] 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

5. Utilization of various curricula and instructional materials (both commercially prepared and teacher-made) in the teaching/learning situation.

7 [✓ 6] 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

6. Utilization of the principles of scheduling in planning the teaching/learning situation.

[✓ 7] 6 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

7. Utilization of specific teaching techniques including appropriate rate of presenting activities, peer modeling, contingency management, and correction procedures.

[✓ 7] 6 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

8. Utilization of reinforcement procedures, including primary and physical reinforcement, and verbal praise.

[✓ 7] 6 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

9. Utilization of extinction procedures, including ignoring inappropriate behavior and time-out from positive reinforcement.

7 [✓ 6] 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

10. Familiarity with various standardized preschool assessment tools.

7 6 5 [✓ 4] 3 2 1

Extremely useful — Somewhat useful — Not at all useful

11. Utilization of screening techniques, The Magic Kingdom: A Preschool Screening Program or other screening programs, to identify children with special needs. (Underline the screening program used in the Head Start situation.)

7 6 5 [✓ 4] 3 2 1

Extremely useful — Somewhat useful — Not at all useful

12. Utilization of PACT (Parents and Children Together), a parent education program, to aid parents in better understanding how their children develop. did not use

7 6 5 4 3 2 [✓ 1]

Extremely useful — Somewhat useful — Not at all useful

13. Utilization of PACT (Parents and Children Together), a parent education program, to produce desirable changes in the development of the children involved in the program. did not use

7 6 5 4 3 2 [✓ 1]

Extremely useful — Somewhat useful — Not at all useful

14. Utilization of PACT for parents with handicapped children to aid parents in better understanding their children's special needs. did not use

7 6 5 4 3 2 [✓ 1]

Extremely useful — Somewhat useful — Not at all useful

15. Utilization of PACT for parents with handicapped children, to produce desirable changes in the development of the children involved in the program.

7 6 5 4 3 2 [✓ 1] did not use

Extremely useful — Somewhat useful — Not at all useful

16. Utilization of DIP (Developmental Individualized Program) to provide specific methods and approaches for "teaching" certain skills and behaviors to children.

7 6 [✓ 5] 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

17. Familiarity with various developmental screening checklists.

7 6 [✓ 5] 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

18. Familiarity with home-based educational programming for preschool children.

7 6 [✓ 5] 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

19. Utilization of behavioral observation procedures to identify behavioral assets and liabilities.

7 [✓ 6] 5 4 3 2 1

Extremely useful — Somewhat useful — Not at all useful

Additional comments: I found all things, ideas and specific programs I was introduced to useful in my work. I may not have used each in its entirity but having the basic ideas of each helped in lesson planning, screening and overall improvement of my teaching skills. I found the program invaluable and am very pleased with the materials presented from all aspects.

APPENDIX K

Consortium Annual Data Collection Form

Consortium Personnel Three-Week Training Program
Annual Data
Data Collection Form

Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota

Dates of Training Program: September 11, 1978 to June 1, 1979

Number of Presenters: 11

Number of packets prepared for Training Program: 27

Number of Participants: 21

Mean number of hours participants could attend Training Program: 92

Mean number of actual participant hours: 90

Total possible number of written assignments per participant: 6

Mean number of written assignments completed per participant: 6

Mean number of recording sessions completed per participant: 4

Mean number of hours of lecture presentations made available per Group: 12

Mean ~~Total~~ number of hours of lecture presentations attended per participant: 11.8

Total number of reading assignments completed per participant: 15

Mean number of Center Departmental meetings attended per participant: 3

Mean number of hours of practicum sessions: 26

Mean number of participant coaching sessions: 8

Mean number of feedback sessions with participants: 9
(Therapeutic Checklist)

Consortium Personnel Three-Week Training Program
Annual Data 9/11/78 through 6/1/79
Date Collection Form

Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota

Competencies Attained by Participants

EVALUATION INSTRUMENTS	**Indiv. Score Pre**	**Mean %age Pre**	**Indiv. Score Post**	**Mean %age Post**	**GAIN PRE TO POST**
Videotaped therapeutic session Scoring criteria - Classroom Checklist*		**34**		**91**	**57%**
Composite Training Program Test		**44**		**84**	**40%**
Problem Solving Sets Worksheets	☐ **GOOD** ☒ **FAIR** ☒ **POOR**		☒ **GOOD** ☐ **FAIR** ☐ **POOR**		
Test on Developmental Disabilities Overiew N/A Due to changed definition of D.D.					
Language Development and Programming Test		62		82	20%

Note: For a detailed description of competencies attained by participants, please refer to attached sheet entitled, "Consortium Personnel Training Objectives."

Consortium Personnel Three-Week Training Program
Annual Data 9/11/78 through 6/1/79
Data Collection Form

Southeast Mental Health and Retardation Center
700 1st Avenue So.
Fargo, North Dakota

Number of participant's lecture/packet evaluation forms completed: 161

	EXCELLENT	GOOD	FAIR	POOR
Average Rating	☒	☐	☐	☐

Participant's evaluation of training program. The number indicated reflect the mean rating as assigned by the participants.

1. Organization of the training program	Excellent	7	[✓ 6.6]	6	5	4	3	2	1	Poor
2. Objectives of the training program	Clearly Evident	7	[✓ 6.7]	6	5	4	3	2	1	Vague
3. Work of the trainer(s)	Excellent	7	[✓ 6.7]	6	5	4	3	2	1	Poor
4. Mini-workshops/lectures	Very Interesting	7		[✓ 6]	5	4	3	2	1	Dull
5. Practicum experiences	Very Beneficial	7	[✓ 6.8]	6	5	4	3	2	1	No Benefit
6. Scope (coverage)	Very Adequate	7	[✓ 6.6]	6	5	4	3	2	1	Inadequate
7. My participation in this training program should prove:	Very Beneficial	7	[✓ 6.7]	6	5	4	3	2	1	No Benefit
8. Overall, I consider this training program:	Excellent	7	[✓ 6.8]	6	5	4	3	2	1	Poor

Consortium Personnel Three-Week Training Program
September 11, 1978 through June 1, 1979

Level 4 Training

Strongest Features of the Program were:

Bug-in-Ear Coaching
Written Packets (for future reference)
Staff Cooperation
Coordination and Structure
Practicual application of acquired concepts
Discussion periods
Gradual introduction into therapy groups

Weakest Features:

Frequent Quizzing
End-of-day lectures
Too short a time for so much work
Inadequate prior information regarding Children

Minn-Kota's Regional Training Consortium
Southeast Mental Health and Retardation Center
108 South 8th Street
Fargo, North Dakota 58103

SUMMARY DATA LEVEL 5 (10-week)

Dates of Training Program: September 11, 1978 to June 1, 1979

Number of Participants: 6

Number of Presenter/Trainers: 5

Number of Packets Prepared for Training Program: 10

Total Number of Participant Hours: 1232
(for 3 groups)

Average Number of Participant Hours: 410
(per group)

Total Number of In-Center Training Hours: 1050

Average Number of In-Center Training Hours: 350
(per group)

Total Number of Written Assignments Completed
by Participant: 32

Average Number of Written Assignments Completed
per Participants: 5.2

Total Hours of Lecture Presentations: 18

Average Number of Hours of Lecture Presentations
Attended per Participant: 6 hours

Total Number of Reading Assignments Completed
by Participants: 45

Average Number of Reading Assignments Completed
per Participant:

Total Number of Observation/Recording Sessions Completed
by Participants: 33

Average Number of Observation/Recording Sessions Completed
per Participant: 5.5

Total Number of Center Department Meetings Attended per
Participant: 13

Total Hours of Practicum Sessions: 562

Total Number of Participant Coaching Sessions: 8

Total Number of TETC Competency Checklists Completed
by Participant: 64

Average Number of TETC Competency Checklists Completed
per Participant: 14

Total Number of Self-Corrective Feedback Sessions: 25
(with trainer)

Average Number of Self-Corrective Feedback Sessions: 4.1

Total Number of Self-Corrective Feedback Sessions: 24
(without trainer)

Average Number of Self-Corrective Feedback Sessions per
Participant (without trainer): 6

Number of Children Provided Direct Services through Trainin
Program: 25

SUMMARY DATA
Minn-Kota's Regional Training Consortium
September 11, 1978 to June 1, 1979
Level 5 (10-week) Training

Mean	Pre	Post	Gain
Videotaped Therapeutic Sessions TETC Competency Checklist Ratings on a Five Point Scale	71%	94%	23%

Mastery Assessment Readings	Number of Participants Meeting Mastery Criteria
Level I	6 (100%)
Level II	4 (100%)

Competency Level Attainment

Level	Number of Participants Attaining Level
Level I (Independent Practicum)	6
Level II (Score Videotapes)	6
Level III (Score Self/Reliability Assessed)	6
Level IV (Self-Score without Trainer Assist)	6
Level V (Self-Monitoring of performance via "Note Sheet")	6

SUMMARY DATA
September 11, 1978 to June 1, 1979
Consortium Personnel Training Program Evaluation
Week 4 through Week 10

1.	The organization of the training program was:	Excellent	7	[✓ 6.7]	6		5	4	3	2	1	Poor
2.	The objectives of the training program were:	Clearly Evident	7	[✓ 6.7]	6		5	4	3	2	1	Vague
3.	The work of the trainer(s) was:	Excellent	7	[✓ 6.8]	6		5	4	3	2	1	Poor
4.	The topics/lectures presented were:	Very Interesting	7		6	[✓ 5.6]	5	4	3	2	1	Dull
5.	The practicum experiences were:	Very Beneficial	[✓ 7]		6		5	4	3	2	1	No Benefit
6.	The scope (coverage) was:	Very Adequate	7	[✓ 6.3]	6		5	4	3	2	1	Inadequate
7.	The direction and guidance given to complete taskes was:	Very Adequate	7	[✓ 6.8]	6		5	4	3	2	1	Inadequate
8.	My participation in this training program should prove:	Very Beneficial	[✓ 7]		6		5	4	3	2	1	No Benefit
9.	Overall, I consider this training program:	Excellent	[✓ 7]		6		5	4	3	2	1	Poor

APPENDIX L

Annual Progress Report on one TETC Replication

END OF THE YEAR REPORT - FARMER - 1978-1979

Farmer came into the program february 1979. We continued the program that was started at Southeast Mental Retardation Center. We also placed him into a kindergarden room for thirty minutes each day, music - py-ed, four times a week for one hour a day. He also met with a speech teacher for thirty minutes a day. Farmer did take about two to three week to become familar with his surroundings and instructors, and classmates. At first Farmer would only touch about five to ten objects when requested. Hand movement, playing with shirt had increased.

Farmers eye contact has improved so that he is making eyecontact eight out of ten times when his name is called. The kindergarten and first grade children have assisted greatly in causing his improvement. When they see Farmer they call his name, touch and manipulated his face to look at his face so he must look at them.

Farmer is now touching eighteen differnt objects upon request. We tried placing the object on a table but we found he seemed to become confused when our hands were not touching the object. He also would contunually reach for the object that made the most sound when placed on the table. He would also sit and bang at the table and table legs. We then went back to the corner chairs and began lowering the object from eye level to our laps. This was a gradual process in which we required Farmer to make eye contact with us and then look down at the object and then touch it. Ex:

Instructor says, "Farmer (Farmer makes eye contact), touch the glass", (Farmer look ant the object and touches theglass). His responses were correct about eight out of ten times. A few of the familar objects Farmer touched ten out of ten responses.

He was responding well with the other students, coming when called and when full he would continue working for verbal praise and touching. Farmer would work in a structered environment from between thirty minutes to one hour without breaks. Farmers self abusive behavior had decreased from requireing over correction in the classroom from twenty times a day to five to zero times a day.

From May first through May twenty-first, Farmer was absent from school sick, except for two or three days in which he came to school not feeling well and would either sleep or cry in the classroom. Since returning to the class room, May twenty-first, Farmers self abusive behavior has increased eighty to ninty percent. We are now over correcting in the structered teaching area about three times per every fifteen minutes of work. Farmer will only work about and hour per day. He will not work for edible rewards, so we have begun using verbal praise and touching one hundred percent for erinforcement. Farmer soesn't seem to totally accept this type of reinforcement and yet when given an edible reward he begins to cry and push the food away. His eye contact decreased to about fifty percent to sixty percent. He will not responded to his name very well, adn at times seems somewhat confused. His physical responces such as, hand holding and touching has become highly selective and must only occur when and with whom he wishes, or he becomes upset.

We have shortened his working time to about ten to fifteen minutes. We spend most of that time getting his eye contact, working with most familar objects and holding them at eye level. Breaks have been increased to fifteen to thirty minutes in which we take Farmer outside, if nice, and just do things in the classroom, which he enjoys,and working on regaining his confidence.

Farmer is going to be involved in a six week summer program. He will also be worked with in his home fifteen days after the summer program. I feel Farmer will make up the progress he has lost, with the couple of weeks of intensive programming.

May 25, 1979

Dear Liz,

Farmer has come along quite well in our program. The progress seens to be much slower than when he was in your program, but I feel that has to do with the loss of the one to one working relationship.. Farmer has adjusted very well to my other students, his kindergarten class, the new instructors and his now less structored environment.

Farmer has been sick for three weeks and as you will read in the report, the self-abusive behavior, his eye contact and work has decreased drastically. Hopefully he will respond to the intensive summer program in which I will be working with him on a one to one basis most of the time.

Right now I'm a little uncertain what exactly to use as reinforcement. He keeps refusing the edible rewards we used previously and then he doesn't seem too pleased with just verble praise and touching. If necessary could you possibly make a follow up visit in Sept. or Oct. of next school year. My supervisors feel it would be necessary for a two day observation and a day for reccomendations and evaluations. If such a visit is possible please send me a cost estimate and I will remain in contact during the summer and early fall. Thank you in advance.

Sincerly,

Michele Slabaugh

Michele Slabaugh

APPENDIX M

Day Care Workshop Brochure

DAY CARE WORKSHOP

Ballroom
Memorial Student Union
North Dakota State University
Fargo, ND
September 29, 1978
9:00 a.m. to 3:00 p.m.
September 30, 1978
9:00 a.m. to 2:30 p.m.

Objectives of the Day Care Workshop

This workshop is designed primarily for persons who provide day care for children, either registered family day care providers or licensed day care centers.

Because Cass County Social Services is concerned that children in our community have access to quality child care, this workshop is scheduled with the goal in mind that child care providers will gain an improved and more thorough understanding of child development, and information in understanding management of child behavior, with emphasis on help for specific behavior problems.

We believe that persons who are involved in the care of children will find the following program stimulating and provocative. The fact that we are involved in the care of children during their very early developmental years makes us responsible not only for a child's physical and emotional care and safety, but we are also challenged to nurture and stimulate children in order to assist them in achieving their fullest potential.

If you cannot find the time to attend the full two day session, please feel free to attend whatever sessions would appear to be most helpful to you. There is no charge for the training program. Please submit your registration by Friday, September ~~15,~~ 21 1978, to Cass County Social Services, Box 3106, Fargo, ND 58102. Phone 232-9271.

Sponsored by
Cass County Social Services Board
702 Main Avenue, P.O. Box 3106
Fargo, ND 58102

Funds for the workshop are made available through federal grant designated for Title XX Day Care Services.

PRESENTERS

John Jo Bullet is the TETC Clinical Coordinator and Speech and Language Consultant at Southeast Mental Health and Retardation Center.

Peg DuBard is a Child Development Specialist working with infants and young children and their parents at Southeast Mental Health and Retardation Center.

LeAnn Goughnour is a preschool therapist at Southeast Mental Health and Retardation Center.

Monica Huson is a preschool therapist at Southeast Mental Health and Retardation Center.

Kay McDonald is a Child Development Specialist and Outreach Coordinator at Southeast Mental Health and Retardation Center.

Joe Savage is the Practicum Coordinator for Children's Services at Southeast Mental Health and Retardation Center.

John Scott is Program Coordinator for Children's Services at Southeast Mental Health and Retardation Center.

REGISTRATION

Registration is open to anyone interested in services to children. Pre-registration is encouraged. Registration should be submitted by **September 21, 1978.** There is no registration fee.

Tear Off

REGISTRATION FORM

NOTE: Registration should be submitted by September 21, 1978.

NAME ______________ AGENCY ______________
ADDRESS ______________ POSITION ______________
______________ PHONE ______________

Registrants
______ Parent
______ Student
______ Professional

WORKSHOP AGENDA
CASS COUNTY SOCIAL SERVICES
DAY CARE PROVIDERS
September 29-30

Friday, September 29

9:00 - 10:30	LeAnn Goughnour, Preschool Therapist Monica Huson, Preschool Therapist "Ages and Stages" - What to Expect from Preschool Children.
10:30 - 10:45	Break
10:45 - 11:45	Kay McDonald, M.S., Child Development Specialist "Developing Positive Attitudes in Children"
11:45 - 1:00	Lunch
1:00 - 2:00	Peg DuBord, Child Development Specialist "Identifying Behavior Problems' The Basics of Behavior Management
2:00 - 2:15	Break
2:15 - 3:00	Peg DuBord, Child Development Specialist Guidelines for Developing a Behavior Change Program

Saturday, September 30

9:00 - 10:00	John Bullett, M.S., Clinical Coordinator "Toilet Training Techniques"
10:00 - 10:15	Break
10:15 - 11:00	Joe Savage, M.S., Practicum Coordinator "The Acting-Out — Agressive Child"
11:00 - 11:45	John Scott, Ph.D., Program Coordinator "The Shy-Withdrawn Child"
11:45 - 1:00	Lunch
1:00 - 2:30	Intervention Strategies Break into groups to discuss specific behavior management problems

APPENDIX N

Follow-up of one Partial TETC Replication

EASTMONT TRAINING CENTER
LITTLE STREET, GLENDIVE, MONTANA 59330
PHONE 365-2644

April 18, 1979

Liz Olday
Southeast Mental Health and
Retardation Center
700 1st Avenue South
Fargo, North Dakota 58102

RE:

Dear Liz,

The training programs and behavior management procedures you and your associates developed to aid us in teaching Val were beneficial to many other students as well. With the help of the information you supplied, we were able to see flashes of progress in our ability to control her self-stimulatory behaviors and teach more appropriate and adaptive skills. The chart diagramming her progress in reduction of hand wringing and body rocking is misleading. The majority of target behaviors occured during the eleven, 10 minute sessions recorded at various times throughout the school day. The actual reduction during the 45 minute structured, stimuli controlled training sessions was 44% for body rocking and 67% for hand wringing. Between the seizure and health problems of Val and mononucleosis of our only available trainer, much training time was lost or ineffective. Data for the education programs, attending, tracking and motor imitation, show great inconsistency from day to day. This, I feel, was greatly due to Val's unstable health.

We will continue to work with Val in this program, although we have shifted her training time to the afternoon. There is another student here who, staff feel, would benefit more from your teaching model at this time.

APPENDIX O

Fargo Preschool Coordinating Council Newsletter

FPCC

NEWS

PRESCHOOL

Published by the Fargo Preschool Coordinating Council
April, 1979

WELCOME to the Third Annual Fargo Preschool Screening conducted by the Fargo Preschool Coordinating Council! In this Newsletter, we have described some of the available services in our community which are offered by the members of the Council.

Your Child's Health

Fargo Community Health conducts Child Health Nursing Conferences (Well Baby Clinics) which are held on Monday afternoons at local churches. Children from six weeks to five years of age are eligible. For an appointment, call 235-7561.

Immunization Clinics are held at the Fargo Community Health Center, 401 3rd Avenue North. For an appointment, call 235-7561.

You Should Know About

E P S D T

Early Periodic Screening Diagnosis Treatment

EPSDT is a nation-wide program, available to children and young adults to age 21 who have applied for and have been found eligible for Medical Assistance through their County Social Service Center. EPSDT is a preventative health program - for the healthy child who may have hidden health problems. At no cost to the patient, the screening is conducted by a registered nurse at the Fargo Community Health Center and includes a physical assessment; medical history; hearing and vision testing; dental check; developmental, growth and nutritional assessment; review of immunization status and laboratory work. If problems are suspected, referrals are made to qualified personnel of the person's own choice for follow-up and treatment.

Locally, interested people can obtain more information or arrange for a screening appointment by calling Cass County Social Services Center - 232-9271.

The Children's Center

Cass County Social Services

The Children's Center of Cass County Social Services has been a resource for parents living in Cass County for over 23 years. The Center provides professional help in evaluating and treating problems of children and their immediate family members. Families apply for andcontinue to receive services entirely on their own, with some families paying for services in accordance with a sliding fee scale. The main goal of the Center is to maintain the healthy functioning of the family and its members and to prevent personal and family breakdown.

The Children's Center is located on the lower level of the Cass County Annex Building, 702 Main Avenue, Fargo, North Dakota. The telephone number is 232-9271.

ESPECIALLY FOR YOU:

Parent Education At Your Mental Health Center

Southeast Mental Health and Retardation Center has several educational programs as well as counseling for parents of young children. Call 237-4513 for more information.

1. Child Management Classes begin April 5th and will run for five consecutive Thursday evenings. If you want to learn behavior management techniques which will increase your effectiveness as a parent you may be interested in attending these classes.

2. Early Childhood Parenting Classes begin April 3 at St. John's Hospital Nurses' Residence. Below are the topics which will be presented.

April 3	"Language Development of the Young Child"
April 10	"Helping Your Child Develop a Healthy Self-Concept"
April 17	"An Evening with a Pediatrician"
April 24	"Teaching Techniques for Parents"
May 1	"Behavior Management Techniques - Now's the Time to Learn Them"

3. Parent Counseling is always available at the Center. For even the "small" problems or questions, call 237-4513 and ask for the Preschool Program.

APPENDIX P

Preschool Advisory Council Membership List and Meeting Minutes

Preschool Advisory Council
1978-1979

1. Mrs. Mary Amundsen
TETC Parent
702 8th Ave. No.
Wahpeton, ND 58075
642-4562
(Dear Mary)

2. Mr. and Mrs. Tony Antonisen
Home Teaching Parents
825 7th Ave. E.
West Fargo, ND 58078
282-7538
(Dear Tony and Ann)

3. Karen Danbom
Center for Childhood Education
Family Life Center
NDSU
Fargo, ND 58102
237-7755
(Dear Karen)

4. Karen Erickson
Special Education Director
West Fargo Public Schools
207 West Main
West Fargo, ND 58078
282-3180
(Dear Karen)

5. Jan Flora
Head Start Parent
513 1st Ave. E.
Apt. 11
West Fargo, ND 58078
282-5683
(Dear Jan)

6. Barb Goodno
806 South 3rd St.
Moorhead, MN 56560
236-1374
(Dear Barb)

7. Janice Hagen
TETC Parent
1017 13th Ave. So.
Fargo, ND 58103
235-6304
(Dear Janice)

8. Pennie Hatelstad
Southeastern North Dakota
Community Action Agency
Box 2871
Fargo, ND 58102
235-8931
(Dear Pennie)

9. Jane Hella
Home-Based Teacher
Fargo Public Schools
Preschool Program
315 North University Drive
Fargo, ND 58102
241-4860
(Dear Jane)

10. Bill Hoehle, Ph.D.
Director of Children's Services
Southeast Mental Health and Retardation
Center
108 South 8th Street
Fargo, ND 58103
237-4513

11. Colleen Hogan, Director
HRA Day Care Center
806 27th St. No.
(Send mail to home - 2501 West Country
Club Drive)
Fargo, ND 58102
232-6644 (Center)
(Dear Colleen)

12. Mrs. JoAnn Johnson
TETC Parent
2807 Westgate Drive
Fargo, ND 58102
232-0856
(Dear JoAnn)

13. Kay McDonald, M.S.
Outreach Coordinator and Developmental
Disabilities Director, Region V
Southeast Mental Health and Retardation
Center
108 South 8th Street
Fargo, ND 58103
237-4513

14. **Margaret Moore**
Cass County Social Services
702 Main Avenue
Fargo, ND 58102
232-9271
(Dear Margaret)

15. Kathy Nielson
Director
Montessori School
1620 16th Ave. So.
Fargo, ND 58103
235-9184
(Dear Kathy)

16. Robert Ramlo
Attorney and Parent
44 South 4th
Fargo, ND 58103
293-3400 (Business) 235-6776 (Home)
(Dear Bob)

17. Lois Schneider
Executive Director
Cass County Mental Health Association
108 South 8th Street
Fargo, ND 58103
Extention 340 (237-5871)
(Dear Lois)

18. Rev. and Mrs. Dale Vitalis
Minister, Nurse and former TETC Parents
40 - 14th Ave. No.
Fargo, ND 58102
293-5638
(Dear Dale and Lu)

19. Joan Whaley
Director of Head Start
Southeastern North Dakota Community Action Agency
Box 2871
Fargo, ND 58102
235-8931
(Dear Joan)

20. Roberta Shreve
3401 No. Evergreen Road
Fargo, ND 58102
235-6534
(Dear Bobbe)

Preschool Advisory Council Minutes

May 3, 1979

A Preschool Advisory Council meeting was held on May 3, 1979, at Southeast Mental Health and Retardation Center. The meeting was called to order by JoAnn Johnson. Minutes of the previous meeting which were distributed by mail were approved as printed.

Old Business

A. Acquiring Van or Bus to Transport Children to TETC Program

Ann Anthonisen had been looking into this matter and had made the contacts, but has had no results. It was proposed that Ann would go ahead with trying to obtain a vehicle thru these options:

1. Donation of Van or Bus by service organizations
2. Organizing parent carpools
3. Ask volunteer services (ie. churches, wonmen's organizations)
4. Inquire if City would have something available
5. Check with cab company
6. Police Department

B. Additional Help for Parents in Home

Ann Anthonisen reported that there was not a positive response by parents for additional help for parents in the home in providing additional programming for their child.

Kay McDonald explained the Respite Care Program which the NDSU Parent Support Program organized. This provides temporary care for handicapped children. The program was started by Harriett Light with 10-15 college students that are available for "Baby Sitting".

Kay also mentioned that the Junior League of Fargo-Moorhead has shown an interest in Respite Care which would include community resources. Southeast Mental Health, Jr. League and NDSU have been meeting on this possibility of a joint venture to provide this much needed service.

C. Dissemination of Information through Churches

Rev. Dale Vitalis and Kay McDonald met with two ministerial Associations to discuss dissemination of information about identification of children with special needs and available services. The response was good and it was felt that a follow-up should be made next year and an insert in church bulletins be made available to the churches to distribute.

Kay McDonald brought up the need for developing a brochure describing Children's Services at Southeast Mental Health and Retardation Center. This need was mentioned at an earlier Preschool Advisory Council meeting. Bill Hoehle said that new events and programs are continually being sent out to facilities now and that there is a white sheet available of the Center's Programs. He also pointed out that a brochure costs valuable staff time and program money and that updating is a continual reality. Kay suggested that the white sheet be updated and said she would be responsible for that change.

It was recommended by the council that the final decision as to developing a brochure and/or updating the white sheet should be an administrative decision.

D. Funding for Parent Groups

The funding needed for groups to serve parents of handicapped and high risk children was received by the Developmental Disabilities Council. It will provide $12,000-$13,000 for serving 105 parents. The Preschool Advisory Council had submitted a letter of support for this proposal last Fall.

New Business

A. Center News--Bill reported on new changes

1. New Executive Director is Dr. Bill Gingold who started Children's Services at the Center 6 years ago.
2. The Department is still waiting to hear whether BEH will fund Preschool Outreach activities again next year.
3. Maternal and Child Care and Easter Seal is funding a four-staff Infant Unit serving handicapped and high risk 0-3 year olds.
4. The Preschool Division is waiting to see which sources will help fund the TETC program: North Dakota Developmental Disabilities, Title XX, or Fargo Public Schools.
5. Southeast Mental Health and Retardation Center will stay at full force - 84 staff.

B. Bills Before Legislature

A brief summary of each Bill was sent to all members before the meeting.

Some House Bills have been signed by the Governor and will be in effect by July 1, 1979. All other bills are on their way to the Governor but does not mean he will sign them.

Bill Hoehle commented on the Kindergarten Bill. He feels that the majority of the problems with this Legislation is the money aspect.

C. Goals for Next Year

Kay reminded the group that the reason for the Council was to satisfy the requirements of the Outreach grant. There is only one other council (Fargo Area Preschool Council) that deals with the concerns and needs of children. They are all professionals and at this time concern themselves only with the spring screening of all $3\frac{1}{2}$-$4\frac{1}{2}$ year olds. Bill feels the need of a Preschool Advisory Council next year will be:

1. To be active in 0-3 level
2. Continue to advise on the quality and quantity of the education and mental health of young children

The recommendation was made to continue the Preschool Advisory Council and to support the two areas that Bill mentioned.

Bill made a recommendation to have parents look at who should be representatives of the Council.

The meeting was adjourned with the recommendation that the Council meet again in September.

Respectfully submitted,

Kathy Nielsen
Acting Secretary

APPENDIX Q

Down's Syndrome Parent Group Brochure
Autism Advocacy Group Brochure

TO

THE
PARENTS
AND
FAMILIES
OF
DOWN'S SYNDROME
CHILDREN

Dear Parents and Friends of Down's Syndrome Children:

Just like you, we too live everyday with Down's Syndrome children. As parents, we remember the first mention of the fact that our children were "special". We saw our hopes and plans instantly dissolve because of a child who was not normal. We felt the loneliness and despair of not knowing what to expect. We experienced the guilt because of something we thought was our fault. We responded with the anger and bitterness that many, if not most, parents of Down's kids feel. We know the helpless feeling resulting from the whole situation and the misleading information that surrounds Down's syndrome.

Believe us, we also know the difference it made to talk with other parents of Down's children. For almost all of us this contact was the real beginning of clearly seeing and understanding what had, was and would happen.

Please contact us, either as individuals or as a group. Let's talk about our children. Please let us help you to know Down's Syndrome as we have come to know it. Use our experience to make your road smoother.

Sincerely,

The Parent's of Down's Syndrome Children

THE PARENT'S OF DOWN'S SYNDROME CHILDREN

We all agree that perhaps the most important step we took was talking to other knowledgeable people.

Our Group can help by:

1. Providing accurate information on:
   - the causes of Down's Syndrome
   - the development of Down's Syndrome children
   - the education and treatment programs available
   - the medical - financial assistance available
2. Providing families of Down's Syndrome children with:
   - Emotional support
   - Assistance in understanding Down's Syndrome
   - Personal contact with parents who know the anguish and the excitment
   - Continued support from knowledgeable parents who offer their experience to help others deal with a difficult situation
3. Providing:
   - Opportunities to meet with other Down's Syndrome families socially
   - Knowledgeable speakers
   - Informative films
   - Group recommended reading lists

We work closely with the Southeast Mental Health and Retardation Center. Their expertise adds to our personal experience, the most accurate information currently available on the education and development of Down's Syndrome children.

We meet the first Thursday of each month at Southeast Mental Health and Retardation Center. Featured are guest speakers, films and an informational give and take.

MOTHERS

One Friday morning each month, mothers of Down's children meet for coffee at the home of a group member. Children are welcome and the talk is guarenteed to be informal. Call Southeast for information on the next coffee.

PLEASE CONTACT US:

The Parents of Down's Syndrome Children
Peg DuBord, Child Development Specialist
Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota 58102 Ph. 237-4513 (701)

OR

Group Parents:

Tony Anthonisen	Mary Marto	Sharon Grugel
282-7538	293-6597	236-9720

NORTH DAKOTA

A

A G

"AUTISM ADVOCACY GROUP"

Our Beginning

As the State of North Dakota presently has limited facilities that provide adequate services to the autistic or severely behaviorally disordered child and as the state also lacks adequate referral networks making the knowledge of existing facilities and services difficult to obtain for parents or professionals, the North Dakota Autism Advocacy Group has been formed to help fill these voids. In September, 1977, the State Department of Health, Division of Mental Health and Retardation provided the money to initiate such a group.

Our Purpose

The North Dakota Autism Advocacy Group is an association for the parents of autistic and other behaviorally disordered children who, with the assistance of the professional community, are dedicated to providing for the common needs of their children and families, be those needs physical, emotional or educational.

Our Goals

- That parents of autistic and severely behaviorally disordered children meet to discuss common problems and concerns.
- That a parent support system be established.
- That necessary legislation be initiated and promoted to provide adequate services.
- That the professional community be assisted by helping them to identify the number of autistic and severely behaviorally disordered children, adults and their families in the state so that programs and services can be initiated as needed.

Parents of autistic or severely behaviorally disordered children are invited to contact any of the parents listed below:

Mrs. Roy Lindholm
Gilby, ND 58235
701-869-2643

Mrs. Jacqueline Petz
704 Custer Drive
Mandan, ND 58554
701-663-9116

Mrs. Mary Amundsen
702 8th Ave. No.
Wahpeton, ND 58075
701-642-4562

Mr. and Mrs. Richard Novak
1406 Burntwood Court
Grand Forks, ND 58201
701-772-6089

A.A.G.
319½ 5th St. N.
Suite C
Fargo, ND 58102
In Fargo — 232-3371
1-800-342-4587

TIS 1278

Please send me additional information about your group.

I am a: ____ parent
____ professional

If you are a parent, would you like to be contacted directly by the parents of an autistic or severely behaviorally disordered child?

____ Yes
____ No

Name ________________

Address ________________

____

Phone ________________

Name of representative and phone number:

Elizabeth Olday, Southeast Mental Health and Retardation Center, Fargo, North Dakota 58103

Toll Free Number: 1-800-342-4900

APPENDIX R

Joint Dissemination Review Panel (JDRP) Paper

I PROGRAM TITLE: A Comprehensive Preschool Program for Rural and Non-Urban Areas

I DEVELOPED BY:

Southeast Mental Health and Retardation Center
Department of Children's Services
108 8th Street South
Fargo, North Dakota 58103

I SOURCE AND LEVEL OF FUNDING:

Federal Support (includes BEH First Chance Model Project funding 3 years and BEH Outreach funding)	$440,910
State and Local (includes State Health Department funds, local mill levy, Mental Health Center funds and Title XX Continuation of Direct Services during BEH Outreach funding - 2 years)	$266,749
Total	$707,659

The project is currently locally supported by State Social Services and the Southeast Mental Health and Retardation Center in cooperation with local Head Start, public schools, other community child care agencies and the North Dakota State Department of Health.

YEARS OF INTERVENTION DEVELOPMENT OR PRACTICE:
July 1, 1973 to June 30, 1979

DESCRIPTION OF PROJECT:

A. Philosophy

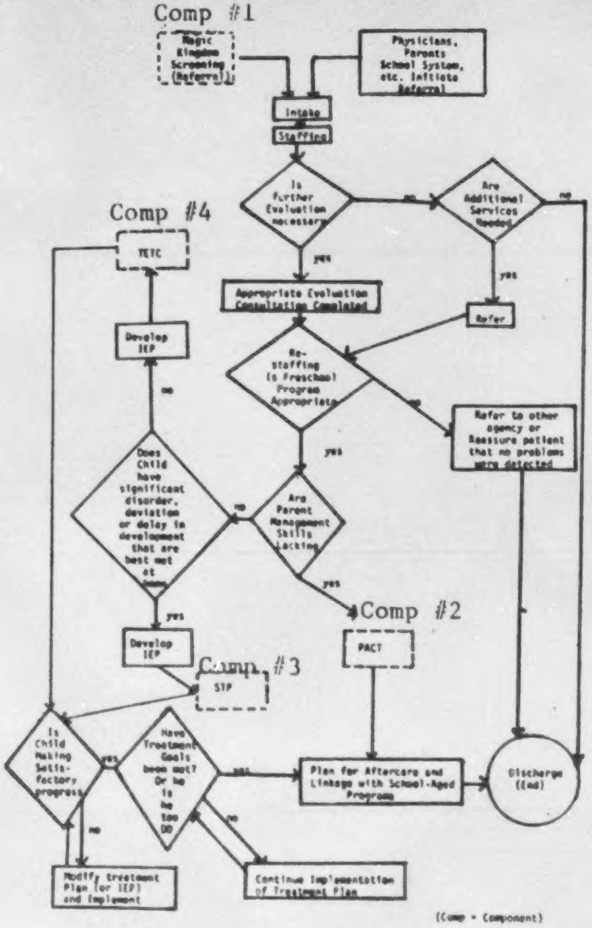
The model demonstration project provides a comprehensive preschool program on a continuum from prevention to intervention. Services are provided to multi-categorically handicapped (developmentally delayed) and emotionally disturbed (developmentally functioning at or above chronological age) children and their families residing in the Southeast Mental Health and Retardation Center's six county catchment area in rural southeastern North Dakota. The continuum consists of four (4) related components (Comps): Parents and Children Together (PACT); The Magic Kingdom: A Preschool Screening Program; The Therapeutic Evaluation and Treatment Center (TETC) and Stimulating to Potential (STP). The comprehensive services cover the continuum ranging from prevention to intervention, based on widely accepted techniques and procedures in the education and training of children who display significant disturbed or disturbing behavior and developmental delays. These techniques and procedures include: well organized and controlled environment; precision teaching sequences (developed specifically for each child); pacing methods; reinforcement and extinction procedures; scheduling principles; integration of the child into group situations; and interdisciplinary staffing in planning a program for the child. (Becker and Engelmann, 1971; Hewett, 1965; Rimland, 1965).

The project provides education services to handicapped preschool children and their families that are consistent with the intent and spirit of Public Law 94-142. Particular emphasis is placed on providing educational and related services in the least restrictive environment (LRE). Furthermore, project staff strives for provision of the most cost effective educational and related services which is partially accomplished by emphasizing the utilization of parents and other volunteers in managing the programs developed by the project. By emphasizing the combination of LRE requirements and cost effectiveness (particularly community development and involvement), project staff has developed a comprehensive continuum of services which acts as an apportioning mechanism in the appropriate assignment of individual children from least restrictive and most cost effective programs to more restrictive and expensive programs.

B. Organization of Program Components into a Comprehensive Preschool Program

The following flow chart (Figure 1) graphically displays the organization of the related components (Comps).

Figure 1
Flow Chart of Comprehensive Services at Southeast Mental Health & Retardation Center


Comp #1
Magic Kingdom Screening (Referral)
Physicians, Parents School System, etc. Initiate Referral
Intake
Staffing
Is Further Evaluation necessary
no
Are Additional Services Needed
no
yes
yes
Appropriate Evaluation Consultation Completed
Refer
Comp #4
TETC
Develop IEP
no
Re-staffing Is Preschool Program Appropriate
no
Refer to other agency or Reassure patient that no problems were detected
yes
Does Child have significant disorder, deviation or delay in development that are best met at home
no
Are Parent Management Skills Lacking
yes
Comp #2
PACT
yes
Develop IEP
Comp #3
STP
Is Child Making Satisfactory progress
yes
Have Treatment Goals been met? Or he is he too DD
yes
Plan for Aftercare and Linkage with School-Aged Programs
Discharge (End)
no
no
Modify treatment Plan (or IEP) and Implement
Continue Implementation of Treatment Plan
(Comp = Component)

Magic Kingdom (Comp #1) screenings are scheduled periodically in Fargo and the surrounding community. All children (years 3.5 to 6) and their families in each region are asked to participate and children who exhibit low screening scores are referred to the Center for intake interviews. Children are also referred to the project from community agencies/persons including pediatricians, Head Start, public schools, child care agencies and parents. Upon receipt of a referral from any source, an interview is scheduled with the parent or legal guardian of the child. During the initial interview, information is obtained on the child from the parent in reference to: the pregnancy and delivery of the child; the child's attainment of developmental milestones (crawling, walking, etc.); the child's health history; the child's behavior at the current time; and the familial history of the child. During the interview, the parent or legal guardian is given the Alpern-Boll Developmental Profile. This is a parental questionnaire which measures a child's functioning in five developmental areas (i.e., physical, self-help, social, academic and communication). The data from the intake interview are then collated and analyzed.

Utilizing collated data from the intake procedure, the child is then staffed by the project's multi-disciplinary team. The team includes clinical diagnosticians, a speech and language consultant, special and regular educators, a psychologist and child development specialists. As a function of the staffing, it may be decided that further evaluation is needed (psycho-educational evaluation, a speech and language evaluation, etc.) or that the child should be referred elsewhere for appropriate services. As can be seen from Figure 1, if the child receives further evaluation, he or she would be restaffed when the evaluation is complete. After review of the new evaluative data, the child and his/her family may be referred to other community agencies specifically designed to deal with the child's handicapping condition or may be placed in one of the Center's programs (Comps #2 - #4). If the child is seen by the multi-disciplinary team as exhibiting mild behavior problems or other behavioral disorders, his or her parent(s) would be placed in the PACT group (Comp #2). However, if the child displays significant deviations or delays and remediation can be best effected in the home, he would be placed in STP (Comp #3). If such intervention can be most effectively implemented in a more controlled environment, he would be placed in the TETC (Comp #4). Prior to placement in TETC or STP, an Individual Education Program (IEP) is developed. The IEP is monitored through data collection procedures and revised if no progress is shown. Once the goals of the IEP have been met, or the child becomes old enough to be eligible for a public school placement, linkage with appropriate after-care agencies is provided.

At any point after the staffing and evaluations, the child may be referred to the Center's Medication Review Committee for evaluation in terms of potential medication. This indicates, as shown by Figure 1, that additional services are routinely obtained for each individual child from within or outside of the Center as appropriate.

Description of the Comprehensive Program's Related Components

1. Comp #1 - The Magic Kingdom: A Preschool Screening Program

As the flow chart (Figure 1) indicates, initial referral may come from the first component of the comprehensive program, The Magic Kingdom: A Preschool Screening Program. In this component, children proceed from castle to castle within The Magic Kingdom and are directed to perform a variety of developmental tasks. Parent volunteers, manning the various castles in the screening process, are trained to encourage the children to engage in the developmental tasks. The parents are also trained to observe and record the children's behavior. The basic premise of The Magic Kingdom is to obtain a large sample of the child's behavior on a variety of tasks. On the basis of these data, decisions on the need for further evaluation of the child are made. The use of parents provides two benefits. The first is cost effectiveness, which is maintained by the use of parent volunteers. The second benefit is the training the parents receive in working with children, developmental tasks and behavioral observation systems.

2. Comp #2 - Parents and Children Together (PACT)

After admission and determination of appropriate placement (via staffings), children may be placed in this second component of the comprehensive program, which is again on the prevention side of the continuum: the Parents and Children Together Program. PACT is a program for parents who appear to lack behavior management skills and consequently their children are experiencing mild to moderate emotional difficulties. The PACT Program, then, is for preschool children who are experiencing and/or have high risk of experiencing future emotional/behavioral problems. The PACT component is based on a community dynamics approach to parent education. A parent initiator is recruited and he or she, in conjunction with the project staff, forms a group of parents who meet informally in members' homes or community facilities. Written packets prepared by the project staff on behavior management, sensory-motor, social-emotional, intellectual and language development are assigned to be read at home and then discussed at the parent meetings. In addition, the PACT materials include suggested activities and exercises for the parents to conduct with their child at home. A modified token economy is used as a parental motivational technique. That is, attendance, completion of parent-child activities, reading the materials and performance of other related PACT activities are reinforced with PACT Dollars/Tokens. The PACT Dollars can then be exchanged by the parents for educational toys and materials for their children. Parent motivation is also positively affected by the peer support structure (parent group) intrinsic to the design of the program.

3. Comp #3 - Stimulating to Potential (STP)

The third component, Stimulating to Potential (STP), begins the intervention side of the continuum of the comprehensive programs, and is the home teaching component. Teaching activities are implemented with handicapped infants and very young children (CA: 0-6 years) by the parents in their home under the careful supervision and consultation of the home teacher. The component directly involves parents in the education of genetically or other handicapped children who are identifiable at a young age. Parents are shown by the home therapist what to teach, what to reinforce, and how to observe and record behaviors. The rationale for home teaching is that the home environment appears to be more conducive for learning due to the child's young age. This component utilizes the Developmental Individualized Program (DIP) (Gingold, et.al., 1973) as the fundamental curriculum tool. DIP is essentially a sequential behavioral curriculum which includes five areas of development (i.e., physical, self-help, social, academic and communication). The home therapist assists the parents by developing the teaching techniques surrounding the implementations of the curriculum and by "trouble shooting" the programs once implemented.

4. Comp #4 - Therapeutic Evaluation and Treatment Center (TETC)

This program is the most intensive end of the intervention continuum. This center-based component serves the more severe multi-categorically handicapped children ages 3-6 years old.

In keeping with the spirit and intent of P.L. 94-142, each child in TETC and STP has an Individualized Education Program (IEP) which is based not only on the child's weaknesses but also his strengths. All group activities are individualized to the skill level of group members. For example, in the fine motor development area, one child in a group may be required to trace his name, another to produce his name from a series of dots, a third child may be required to reproduce a letter from a model and still another child to print his entire name without a model. The activity would be determined by the child's previous performance on those tasks.

The focus of TETC is the emphasis on the positive aspects of a child's behaviors. Good work or attempts at good work, depending on the skill level of the child, are met with praise from the therapist (e.g., "That's a very nice picture you drew") and occasionally with edible reinforcers or other tangible reinforcers. Inattentive, disruptive or poor quality academic behavior is ignored. Furthermore, in the group situation, these undesirable behaviors cue the therapist to praise another child who is engaged in appropriate behaviors. In addition, precision teaching techniques (e.g., rapid pacing of materials, choral responding and signals) are incorporated into preacademic activities whenever applicable. Similarly, time allotment for completion of tasks, rate of presentation of materials, correction procedures, etc. are individualized to specific children. Finally, activities in TETC are alternated between liked (usually gross motor, toys, juice time, etc.) and disliked (usually language, counting, etc.) activities (Wasik, 1970). Alternation is designed to facilitate completion of disliked activities (a child can only play with the toys after completing his writing exercise) and to accommodate the short attention span of young children. Liked and disliked activities are identified based on the child's past performance.

Parent Involvement

Parents and the community are actively and instrumentally involved in all phases of each component as part of the basic philosophic orientation of the program. Parent involvement in PACT (Comp #2), STP (Comp #3) and The Magic Kingdom (Comp #1) has been described above. Also, closely linked to any child's involvement in TETC is parent education/training. This is predicated on the principle that parents play a major role in the development of children. In TETC, four discrete stages are followed in parent training.

First, upon enrollment in TETC, parents are required to sign a contract indicating that they will spend one (1) hour in TETC for every four (4) hours their child spends in the program. (Treatment is not refused for failure to meet the requirements of the contract based on situational constraints.) Secondly, the parent observes three or four programming sessions from the observational rooms. Immediately after the session, feedback on what happened and why is given to the parent by the therapist. In addition, the therapist answers any questions the parents might have. Next, the parent assists the therapist in conducting the group. This stage, of short duration, is designed to adapt the parent to the educational environment. Finally, the parent actually conducts the activities with his or her own child and/or other children in the group. The group therapist provides immediate feedback to the parent either immediately after the session or via a "Bug-in-the-Ear" device during the session. In this step, parents demonstrate mastery of the educational techniques utilized in

TITC. As with the children's activities, all parent training activities are individualized according to the skill level of the parents.

Parent involvement in the various components of the comprehensive program also provides both formal and informal feedback from parents which stimulates staff to increase both the quality and quantity of services.

EVIDENCE OF EFFECTIVENESS:

Analysis of program effectiveness for each program component will be presented separately. Also presented is information on program component cost for replication and site replication data.

A. Comp #1 - The Magic Kingdom: A Preschool Screening Program

The Magic Kingdom: A Preschool Screening Program provides local communities, school districts and parents a reliable, low cost, and comprehensive screening of a large number of children in a short period of time. The program screens a variety of developmental tasks and identifies children in need of further evaluation. The screening program uses parent volunteers to administer the instrument thus maintaining cost effectiveness and fostering parent education and involvement.

Evaluation of effectiveness of The Magic Kingdom is presented in terms of its comparison with the Metropolitan Readiness Test (validity), the reliability of parents as observers and the number of children identified through follow-up screening as being handicapped.

1. Magic Kingdom raw screening scores showed a Pearson product moment correlation coeffecient of .9075 with the Metropolitan Readiness Test raw scores. This correlation coefficient was significant at the .005 level. Numerous studies have shown the Metropolitan Readiness Test to be a valid predictor of future success or failure, thus The Magic Kingdom is also a valid test (Amundson, 1972).
2. Approximately 2,000 children's Magic Kingdom scores were summarized to produce screening guideline scores. The screening program uses these means for examining further those children who fall one or more standard deviations below the mean scores in a given group (by age and sex).
3. On a given occasion, The Magic Kingdom will identify approximately 30% of the children as being in need of further evaluation on a given application of the instrument. This identification process, then, includes a relatively high rate of false positives. Follow-up evaluation on 1,500 children screened shows that 9.8% of the children had some identifiable handicap. It is further assumed that this high rate of false positives precludes the existence of false negatives (i.e., children whose screening scores indicate no need for follow-up evaluation, but who are indeed handicapped).
4. An observer-reliability measure was taken where 576 parent observations were simultaneously made by trained child-care professionals. Each of their scores was matched with the scores of the parent volunteer screeners. The overall percent of agreement was 90%, demonstrating that parents are reliable observers.

The Magic Kingdom's contribution, then, goes beyond that of other basic screening programs for preschool children. It is a screening program that parents actually conduct, thus maintaining cost effectiveness and simultaneously facilitating community/parent development, involvement and home-parent education.

Comp #2 - Parents and Children Together

PACT is a parent education program. This program provides a high degree of parental involvement (parent attendance was maintained throughout the program), enhances learning of content material concerning developmental areas, trains parents to successfully implement behavior change programs, and increases parents' positive attitudes toward their children.

Evidence of program effectiveness for the PACT Program consists of 1) the number of PACT groups conducted, 2) the number of parents and children served, 3) the frequency of attendance, and 4) pre/post-test score comparisons on the contents of the learning packets. Also, in order to assess the direct effects of parent participation in PACT on children's behavior, behavior management projects were undertaken by parents. From January 1, 1974 through May, 1977, sixteen (16) PACT groups have been initiated. These groups represent 243 parents and 323 preschool children from the project's six county catchment area. Of the sixteen (16) groups, three (3) were from the Fargo and West Fargo Head Start groups; seven (7) were in rural towns of less than 5,000 population; two (2) were in towns of 5,000 to 10,000 population; two (2) were Fargo groups whose children were directly involved with the Center (TETC); one (1) was a Fargo low-income neighborhood group; and one (1) was a Fargo middle-class neighborhood group.

The average rate of attendance over all sixteen (16) groups for nine (9) sessions was 75%. The range of parent attendance was 63% to 94%. Any parent who attended at least twice was considered a member even though some moved, were hospitalized, secured jobs, etc. during the time the group met. These data indicate a high level of parental involvement in the PACT Program. It should be further noted that these data are contrary to current literature findings relative to the maintenance of parent involvement in preschool programs (e.g., Head Start, parent education programs).

Evaluation of the PACT training process for cognitive gains made by parents was conducted by using pre- and post-test score comparisons on the contents of five of the learning packages. These data are presented in Table I. Major gains in the number of correct answers were made on the post-test across all groups on the contents of these packages. Overall, the following mean percent gains on paper and pencil pre- and post-tests were observed via the 16 PACT groups.

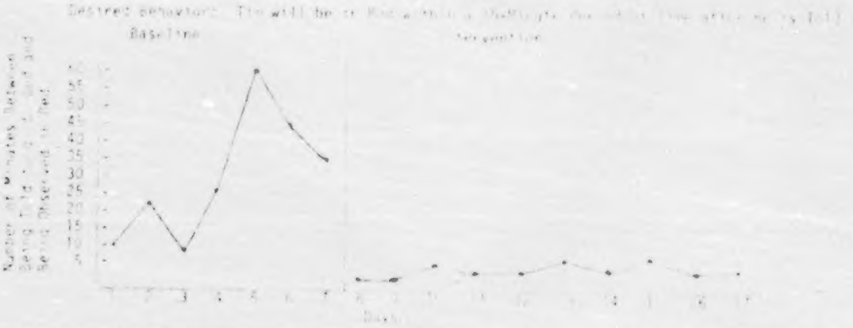
Table I

Percent Gains from Pre-Test to Post-Test on PACT Learning Packets.

LEARNING PACKET TITLE	POST-TEST GAIN IN PERCENT
Prenatal and Sensory Motor Development	24%
Social and Emotional Development	19.5%
Intellectual Development	21.7%
Language Development	22.4%
Behavior Management	20.4%

Further evalution was designated to access the effectiveness of PACT (Comp #2) in training parents to deal with problem behaviors exhibited by their children. Each parent involved in the group identified a behavior of one of their own children which they wanted to change. The following is a representative example of the type of behavior change the project conducted by parents with their own children in their own home.

Figure 2



In this instance, it can be seen that prior to training through the PACT Program, there were large amounts of time (i.e., 10 to 60 minutes with an average of 30 minutes for days 1-7) elapsing between the time this child was told to go to bed and was actually in bed. After PACT training, however, the time between being told to go to bed and being in bed ranged from one to five minutes with an average of two minutes (days 5-17). Thus, the data showed that the time between being told to go to bed and being in bed was greatly reduced.

The majority of parents subjectively reported success at implementing similar behavior management programs and their satisfaction that the goals they set had been met. One PACT group (N=19) was analyzed to objectively determine the effectiveness of training as measured by the success of behavior management programs. In this group, 79% (or 15 out of 19) of the behavior management programs met an objective standard for success. That is, a program was considered successful if intervention levels demonstrated noticeable change in the desired direction from baseline levels.

Finally, a parent attitude survey was administered before and after training. The results of this survey showed a positive overall increase in parents' attitudes toward their children.

The data presented above showed that the PACT Program maintained a high rate of parent attendance; there was positive gain in the cognitive skills of parents as indicated in pre/post-test comparisons of information learned and the training was successful in teaching parents to design and carry out behavior change projects for their own children in the home. Also, there was a positive increase in parents' attitudes toward their children. These data provide evidence that PACT is a highly effective parent training program which has substantial impact on the behavior of children displaying or in danger of developing emotional difficulties and consequently eliciting negative attitudes from their parents.

Comp #3 - Stimulating to Potential

STP is a unique home-based program which involves parents in the direct teaching of their handicapped children. The STP program trains parents how to teach their children. Involvement in the program has resulted in increases in the children's rate of development.

The Alpern-Boll Developmental Profile was utilized as a pre/post-test evaluation measure on the STP Program (Comp #3). All staff were oriented to the Alpern-Boll Developmental Profile Manual (1972) and trained in the administration of the Profile. The Alpern-Boll is a standardized instrument and the five scales of the instrument (i.e., self-help, physical, social, academic and communication development) relate directly to the Individual Education Program (e.g., learning objectives) for the children in the STP Program.

Pre/post-test score comparison and analysis of rate of developmental gain of children served through the STP Program component demonstrated the effectiveness of this program. The Alpern-Boll Developmental Profile was administered on a pre/post basis to the 39 children who receive STP intervention for at least six months between January, 1974, to May, 1977. These 39 children were not served directly by either PACT or TETC. The mean time from pre-test to post-test was 10.16 months. Table II shows the results of this analysis.

Table II
Mean Pre/Post Test Scores, Actual Months Gain, and Rate of Gain on Alpern-Boll Developmental Profile Prior To and Following STP Intervention (N=39)

			Sub-Test			
	Mean CA	Phys. Dev.	Self-Help Dev.	Soc. Dev.	Academic Dev.	Comm. Dev.
Pre-Test	54.56	39.20	46.46	42.97	34.23	31.59
Post-Test	64.7	50.31	57.38	55.62	48.51	41.59
Actual Months Gain	10.16	11.11	10.92	12.64	14.28	10.00
Rate of Gain Per Month Prior to STP Intervention		.675	.845	.80	.65	.57
Rate of Gain Per Month During STP		1.09	1.07	1.24	1.41	.98
Statistical Significance*		p<.10	p<.10	p<.01	p<.01	p<.01

*A correlated means "t" test was used to determine the statistical significance (past learning rate as compared to learning rate in STP).

Average gains were observed in all five areas of development ranging from 10.00 actual months gain in communication development to 14.28 actual months gain in academic development over a period averaging 10.15 months. Furthermore, these data show that the mean rate of developmental gain for each of the five developmental areas prior to

STP intervention was less than one month for each month of chronological age. During STP intervention, however, the rate of developmental gain was increased to very close to a month for each month of chronological age.

These data show that involving parents in the direct teaching of their handicapped child through the STP Program resulted in an educationally (and statistically) significant increase in the children's rate of development. Further, the data suggest that the STP Program component is an effective home teaching program for handicapped infants and young children.

Comp #4 - Therapeutic Evaluation and Treatment Center

TETC is an exemplary program which provides assessment, individualized treatment, and follow-up support for children with more severe handicapping conditions. Parents participate in all phases of their children's evaluation and treatment by observing, assisting, and conducting activities. The use of the following treatment modalities: precision teaching techniques, reinforcement and extinction procedures, correction procedures, and scheduling of activities has resulted in an increase in the children's rate of developmental gain.

Evaluation of effectiveness for the TETC Program consists of the pre/post-test score comparisons on the TETC Skills Assessment, an assessment of developmental skills.

From June 30, 1976, to April 30, 1978, the TETC Skills Assessment measure was used to evaluate the progress of 32 children who had participated in the program at least six months. This is the minimum time period judged sufficient to allow developmental gains to be attributable to variables other than test/retest improvement.

The TETC Skills Assessment was designed by project staff to provide an estimate of the child's skill functioning level in four areas of development: Language-Cognitive, Personal-Social, Gross Motor and Fine Motor. Use of the TETC Skills Assessment enables the therapist/teacher to: identify developmentally (age) appropriate behavioral objectives for each child; measure pupil progress; and provide specific information relevant to pupil learning.

A hierarchy of developmentally appropriate behaviors, drawn from recent normative data (as reported in the manuals of instruments listed below) is included in the TETC Skills Assessment. The following is a partial list of references used in the development of the TETC Skills Assessment for preschool children:

Bayley, Nancy. Bayley Scales of Infant Development. New York: The Psychological Corporation, 1969.
Cattell, P. Cattell Infant Assessment Development. New York: The Psychological Corporation, 1940.
Mecham, Merlin J., Jex, J. Lorin, and Jones, J. Dean. Utah Test of Language Development. Salt Lake City, Utah: Communication Research Associates, Inc., 1967.
Quick, Alton D., and Campbell, Ann A. Project Memphis. Dubuque, Iowa: Kendall/Hunt Publishing Company, 1976.
Sanford, A.R. Learning Accomplishment Profile. Chapel Hill, North Carolina: University of North Carolina Printing Department, 1973.
Terman, L.M., and Merrill, M.A. Stanford-Binet Intelligence Scale (L-M). New York: The Psychological Corporation, 1960.
Wechsler, David. Wechsler Intelligence Scale for Children-Revised. New York: The Psychological Corporation, 1974.

Detailed instructions and recording charts are included in the TETC Skills Assessment manuals for administration and scoring. The testing is standardized through the use of administrative manuals which give specific procedures and criterion for each child's response. Children in this sample were not served by other program components (i.e., STP, PACT). Table III presents the results from this evaluation. Presented are the pre-test and post-test scores as well as the rate of developmental gain in months prior to TETC intervention and following intervention.

Gains were recorded in the four areas of development (ranging from 8.11 actual months gain in Gross Motor skills to 11.65 actual months gain in Language-Cognitive development during the 6.9 months of actual involvement). It can also be seen that the mean rate of developmental gain across all four areas prior to TETC intervention was less than one month for each month of chronological age. Following TETC intervention, however, the rate of developmental gain was increased to well over a month for each month of chronological age.

These data show that direct therapeutic intervention through the TETC Program component resulted in an educationally (and statistically) significant increase as reflected by developmental scores and the children's rate of development. These data provide evidence that the TETC Program component is an effective intervention program for handicapped children.

Table III

Mean Pre/Post-Test Scores, Actual Months Gain and Rate of Gain Prior To and Following TETC Intervention on Staff Designed Developmental Evaluation (TETC Skills Assessment N=32)

	Mean CA	Language Cognitive	Personal Social	Fine Motor	Gross Motor
Pre-Test	60.40	43.50	45.90	45.40	42.90
Post-Test	67.30	55.15	56.02	54.13	51.01
Actual Months Gain	6.9	11.65	10.12	8.73	8.11
Rate of Gain Per Month Prior to TETC Intervention		.72	.76	.75	.71
Rate of Gain Per Month During TETC Intervention		1.70	1.50	1.30	1.20
Statistical Significance*		$p < .01$	$p < .01$	$p < .02$	$p < .05$

*A correlated mean "t" test was used to determine the statistical significance (past learning rate compared to learning rate in TETC).

III. COST ANALYSIS OF PROGRAM COMPONENTS:

The costs of the four related components of the comprehensive preschool program were analyzed. According to the analysis, The Magic Kingdom: A Preschool Screening Program (Comp #1) costs $4.00 per child to conduct. This includes the cost of the professional screening coordinator's time for training parent volunteers, securing a screening site and the cost of consumable test materials and actually conducting the screening. It assures that parents are unpaid and that actual screening space is secured without cost. The PACT Program (Comp #2) costs $30.00 per family to replicate. PACT costs include the coordinator's time in recruiting and training a parent initiator; coordinator's average travel time and time spent in attending PACT meetings; follow-up data collection and responding to the parent initiator's questions; purchase of secretarial time; supplies, postage and notebooks; and the costs of the token economy system. It assumes that a community location or one of the parent's homes is utilized for the actual PACT meeting place at no cost. An average STP Program (Comp #3) costs $135.00 per month or $1,215.00 per year to conduct (4.5 visits per month for nine months) per family. The TETC Program (Comp #4) costs $147.84 per month. The average child receives four 2.5 hour days per week for nine months at a cost of $1,331.00 per year. Both TETC and STP costs include: staff salary; materials and supplies; utilities and space rental. Additionally, STP costs include travel (both time and actual cost). Neither figure includes administration nor clerical support.

	Sources and Level of Funding			
	STP		TETC	
	INSTALLATION (Non-recurring Costs)	SUBSEQUENT YEARS (Recurring Costs)	INSTALLATION (Non-recurring Costs)	SUBSEQUENT YEARS (Recurring Costs)
Personnel	$ 8,74[illegible]	[illegible]	[illegible]	[illegible]
Personnel Training	500	[illegible]	[illegible]	[illegible]
Facilities			,000	[illegible]
Equipment* & Materials	[illegible]		,880	
Consumables	75			
Other Costs - Specify:				
Transportation	500			
Consultations	[illegible]			[illegible]
Total	$10,320	$9,[illegible]	[illegible]	[illegible]

*Based upon number of children served
N=10 for STP
N=21.3 for TETC

IV. SITE REPLICATION:

A large number of professionals who serve preschool children have received training and technical assistance for the purpose of partially or totally replicating the major components of the project. The chart below summarizes the number of people trained for the period of June, 1975, through June, 1978. The data reflect the number of children served for June, 1975, through June, 1977.

Table IV

	6/75 - 6/78 Number of Programs	6/75 - 6/78 Number of People Trained	6/75 - 6/77 Number of Handicapped Children
eplication	7	8	193
plication	17	60	51
Kingdom Replication	31	135	1,129
TETC/STP/PACT ation	16	121	290

These data indicate that a substantial number of preschool programs in North ota as well as other states (e.g., Colorado, Oklahoma, Montana, South Dakota, nesota, etc.) have received training and/or replicated one or more of the gram components. The programs have been most frequently replicated in rural as since these were the areas they were designed to serve. Data collection data from replication sites demonstrate that similar results, to those orted above on all four components, were obtained by each site replication. lication data are obtained through periodic telephone contact by project staff. s routine telephone contact serves a support function for site replication sonnel, who can also initiate telephone contact at their convenience for tinued training or ongoing support.

Replication experience has shown that two days of training for paraprofessional el staff is sufficient for appropriate replication of The Magic Kingdom: A school Screening Program (Comp #1). Two to five days of training are uired for replication of PACT (Comp #2). Paraprofessional staff can replicate but generally require more training (four to five days) than professional ff (two to three days). Five days training are required to replicate STP mp #3) by Bachelors or above level professionals. Five to fifteen days are uired to replicate TETC (Comp #4) by professional staff, depending on experience background.

MARY:

The data contained herein provide evidence on the effectiveness of the prehensive Preschool Program for Rural and Non-Urban Areas. Each of the r related components has been shown effective through project data collection cedures and resultant analysis of those data for educational, practical statistical significance. Furthermore, cost analysis demonstrates that individual components are cost effective and this is further supported site replication data.

APPENDIX S

Infant Symposium Agenda

Mailing List for North Dakota Association of Providers Serving Children Birth to Three

Symposium on
Services to High Risk and Developmentally
Disabled Infants and Young Children
in North Dakota

June 23, 1979
Fargo Holiday Inn

AGENDA

I. Welcome and Introductions

II. Program Overviews

- A. Origins of programs
- B. General descriptions of programs
- C. Funding mechanisms
- D. Numbers and types of young children served
- E. Identification/referral sources

III. Child Evaluation

- A. Assessment instruments utilized
- B. Frequency of evaluation

IV. Programming/Intervention

- A. Sources for curriculum ideas
- B. Individualized Education Program (IEP)

V. Parent Involvement

- A. Parent support
- B. Parent education
- C. Parent participation
- D. Parent training

VI. Program Evaluation

- A. Kinds of data collected
- B. Program evaluation tools
  - 1. Child progress
  - 2. Parents' evaluation of program
- C. Reporting procedures

VII. Future Association

NORTH DAKOTA ASSOCIATION OF PROVIDERS SERVING CHILDREN BIRTH TO THREE

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* Indicates persons present at the July 23, 1979 Symposium

APPENDIX T

Speaking Engagements

SPEAKING ENGAGEMENTS - PRESCHOOL UNIT

7/1/78 - 6/30/79

Huson, M & Goughnour, L., TETC Skills Assessment, (Oct. 18), Head Start Teachers, Fargo, ND.

Huson, M & Goughnour, L., Ages & Stages in Preschool Children, (Sept. 29), Homemakers & nursery school personnel, Fargo, ND.

Olday, L., Material for Teaching Handicapped Children, (Nov. 8), students, Moorhead, Mn.

Huson, M., Southeast Mental Health Services, (Nov. 14), parents, teachers, Fargo, ND.

DuBord, P., Children's Services, (Nov. 9), nursing students, Fargo, ND.

DuBord, P., Children's Services, (Nov. 28), social workers, Fargo, ND.

DuBord, P., Children's Services, (Dec. 6), nurses, Fargo, ND.

DuBord, P., Behavior Management, (Sept. 29 & 30), day care providers, Fargo, ND.

DuBord, P., Children's Services, (Sept. 20), Nursing Class, Fargo, ND.

McDonald, K., Parent Involvement in Early Childhood, (Aug. 7), preschool educators, Moorhead, Mn.

McDonald, K., Preparing Your Child for School, (Aug. 8), TV audience, Fargo, ND.

Hoehle, W., Services Provided, (Aug. 8 & 9), professionals from State Department of Health, Fargo, ND.

McDonald, K., Maslow's Hierarchy of Needs, (Aug. 15), day care workers, Fargo, ND.

Hoehle, W., Practicum Consortium, (Aug. 16), pre-service teachers, Fargo, ND.

Hoehle, W., Possibly Contracting for Services, (Aug. 17), psychologists, Moorhead, Mn.

McDonald, K., Parent Education Training, (Aug. 17 & 18), professionals, Fargo, ND.

Olday, L., Normal Growth & Development, (Sept. 11), lay people, Fargo, ND.

DuBord, P., Parent Involvement in Early Handicapped Education, (Aug. 7), college students, Moorhead, Mn.

DuBord, P., Safety tips for Babysitters and Parents, (July 6), TV audience, Fargo, ND.

DuBord, P., Overview of Children's Services Programs, (July 24), businessmen, West Fargo, ND.

Hoehle, W., Emotionally Disturbed Children, (July 5), Paraprofessionals and professionals, Valley City, ND.

Hoehle, W., Training of Counselor and Guidance Personnel, (July 6), DD Service Advocate, Fargo, ND.

Hoehle, W., Services Provided by MH Centers under 94-142, (July 12), Directors of Children Services and Mental Health Centers, Bismarck, ND.

Hoehle, W., 1978-79 Planning Meeting, (July 19), Professionals from local Universities, Fargo, ND.

Hoehle, W., Task Force 94-142 Services, (July 31), Directors of Children's Services, Fargo, ND.

Hoehel, W., Role of Mental Health Centers, (Aug. 2), TV audience, Fargo, ND.

Hoehle, W., Services Under 94-142, (Aug 4), Directors of Children's Services, Bismarck, ND.

Bullett, J., Behavior Modification in Speech/Language Therapy, (January 13), Speech Pathologists, Jamestown, ND.

Goughnour, L., Observe Therapy Sessions and Discuss Techniques Used, (January 18) Fargo, ND.

Savage, J., Achievement Motivation, (Jan. 22), School Faculty, Wyndmere, ND.

Bullett, J., Classroom Observation, (Feb. 2), Head Start, Fargo, ND.

Pullen, D., Overview of Center Services, (Feb. 16), high school students, Fargo, ND

Bullett, J., Infant and Preschool Programming and Testing, (Feb. 13), speech pathologists, Fargo, ND.

DuBord, P., Children's Services, (Jan. 8), nursing students, Fargo, ND.

DuBord, P., Assessment of the Young Child, (Jan. 30), day care providers, Moorhead, Mn.

DuBord, P., Children's Services, (Jan. 19), nursing students, Fargo, ND.

DuBord, P., Behavior Management, (Jan. 23), mothers of preschool children, Fargo, ND.

DuBord, P., Behavior Management, (Jan. 24), mothers of preschool children, Moorhead, Mn.

DuBord, P., Child Development, (Jan. 28), nursing students, Fargo, ND.

DuBord, P., Programs with a Child, (Jan. 29), professionals, Fargo, ND.

DuBord, P., Home Teaching Program, (Feb. 9), professionals, Fargo, ND.

DuBord, P., Behavior Management, (Feb. 12), professionals, Fargo, ND.

Bullett, J., Speech Pathology, (Feb. 21), students, Fargo, ND.

DuBord, P., Childhood Fears, (Mar. 2), students, Fargo, ND.

Bullett, J., TETC Skills Assessment, (Mar. 2), professionals and paraprofessionals, Williston, ND.

Bullett, J., Behavioral Intervention, (Mar. 5), professionals and paraprofessionals Fargo, ND.

Savage, J., Relaxation, (Jan. 16), weight group, Fargo, ND.

Savage, J., Achievement Motivation Training, (Jan. 22), teachers, Wyndmere, ND.

Savage, J., Teaching Strategies for Mainstreaming ED Preschool Children, (Feb. 22), head start teachers, aides, administration, Fargo, ND.

Savage, J., Behavioral Intervention, (Mar. 1), special ed teachers, Vermillion, SD.

DuBord, P., Parents of Down's Syndrome Children, (Mar. 12), membership of ARC), Fargo, ND.

Savage, J., Medication Effects, (Mar. 20), house parents, director, Fargo, ND.

Savage, J., Autism, (Mar. 20), special education professionals, Fergus Falls, Mn.

Savage, J., Behavior Management, (Mar. 22), Friendship Village staff, Fargo, ND.

Bullett, J., Behavior Modification, (Apr. 30), teachers, Pelican Rapids, Mn.

Olday, L., Child Abuse, (April 18), lay, Casselton, ND.

Lenzen, J., Mental Retardation, (May 4), students, Fargo, ND.

DuBord, P., Childhood Fears, (Mar. 2), senior high students, Fargo, ND.

DuBord, P., Behavior Management, (Mar. 2), TV audience, Fargo, ND.

DuBord, P., Head Start Health Committee, (Mar. 2), professionals and parents, Fargo, ND.

DuBord, P., Assessment of Young Children, (Mar. 14), day care providers, Moorhead, Mn.

DuBord, P., Children's Services, (Mar. 21), nursing students, Fargo, ND.

DuBord, P., Behavior Management, (Mar. 26), parents, Fargo, ND.

DuBord, P., Children's Services, (Mar. 28), nursing students, Fargo, ND.

DuBord, P., Overview of Preschool, (Feb. 22), nursing students, Fargo, ND.

DuBord, P., Working with Parents, (Feb. 19), day care providers, Moorhead, Mn.

DuBord, P., Parent Training Home Teaching Program, (Feb. 13), speech and language consultants, Fargo, ND.

McDonald, K., Children's Services Southeast Mental Health Center, (Feb. 13) ministers, Fargo, ND.

McDonald, K., Parent Education and Training Preschool Intervention (Feb. 26), special educators, Newfolden, Mn.

McDonald, K., Sex Education (Feb. 28), parents, Moorhead, Mn.

McDonald, K., Self-Concept in Young Children/Behavior Management (Jan. 1 & 2), teachers, special educators, administrators, New Rockford and Harvey, ND.

McDonald, K., Parent Education/Rational Emotive Therapy/Preschool Education (Mar. 5), Head Start Staff, West Fargo, ND.

McDonald, K., Developing Positive Self-Concepts in Children (Mar. 12), teachers, West Fargo, ND.

McDonald, K., Preparing Children for School (Mar. 14), radio listeners in tri-state area, Fargo, ND.

McDonald, K., Respite Care for Handicapped Children (Mar. 19), TV viewers in tri-state area, Fargo, ND.

McDonald, K., Sex Education for Preschool Children (Mar. 27), mothers, Fargo, ND.

McDonald, K., Training for Preschool Screening (Mar. 27), professionals, Fargo, ND.

McDonald, K., Sex Education (Apr. 3), Head Start parents, Fargo, ND.

McDonald, K., Developing Positive Self-Concepts in Children (Apr. 6, 7, 8), parents and professionals, St. Louis, Missouri.

McDonald, K., Developing Positive Self-Concepts in Handicapped Children (Apr. 10), parents of handicapped children, Fargo, ND.

McDonald, K., Developing Positive Self-Concepts in Young Children (Apr. 10), parents, Fargo, ND.

McDonald, K., Self-Concept and the Elementary and Preschool Handicapped Child (Apr. 21), special educators, Fargo, ND.

McDonald, K., Behavior Management (Apr. 24), parents, Moorhead, Mn.

McDonald, K., Behavior Management (Apr. 26), parents, Moorhead, Mn.

McDonald, K., Maslow's Hierarchy of Needs/Needs of Young Children and Their Families/Sex Education (May 3), Head Start staff, West Fargo, ND.

McDonald, K., Governor's Council on Human Resources (Aug. 6), committee members, governor, former governor, governor's staff, Bismarck, ND.

McDonald, K., Parent Involvement & Behavior Management (Aug. 15), day care workers, social workers, Devils Lake, ND.

McDonald, K., Role of the DD Director and the New DD Definition (Aug. 20), professionals, Fargo, ND.

McDonald, K., Coping with Stress and Characteristics of Child Caregivers (Aug. 29), day care workers, Fargo, ND.

McDonald, K., Developing Self-Concept in Young Children (Sept. 16), persons working with young children, Grand Forks, ND.

McDonald, K., Parent Training/Education (Sept. 26), Head Start Staff, Fargo, ND.

McDonald, K., Overview of Developmental Disabilities (Sept. 27), students in counseling and guidance, Fargo, ND.

McDonald, K., Developing Positive Attitudes in Children, (Sept. 29), social workers and day care workers, Fargo, ND.

McDonald, K., Parent Education and Training, (Oct. 5), students, professionals, administrators, Jamestown, ND.

McDonald, K., Parent Involvement in Special Education, (Oct. 11), college students, Moorhead, Mn.

McDonald, K., Preschool Services Available, (Oct. 11), special educators and administrators, Fargo, ND.

McDonald, K., Communicating with Young Children, (Oct. 31), college students, Moorhead, Mn.

McDonald, K., Concerns of Parents of Handicapped Children, (Nov. 6), parents of school-age handicapped children, Fargo, ND.

McDonald, K., Self-Concept Development in Children, (Oct. 8), psychologists, psychiatrists, mental health workers, Atlanta, Georgia.

McDonald, K., Parent Education/Training, (Nov. 17), professionals in preschool special education, Bemidji, Mn.

McDonald, K., Special Education Needs of Head Start Enrollees, (Dec. 4 & 6), Head Start Staff, Williston, ND.

McDonald, K., How to Cope with Stress, (Dec. 12), Head Start Parents, Fargo, ND.

McDonald, K., Services at Southeast Mental Health Center, (Dec. 14), high school students, Fargo, ND.

McDonald, K., Child Management, (Jan. 3), radio listeners in tri-state area, Fargo, ND.

McDonald, K., Developmental Disabilities, (Jan. 5), radio listeners in tri-state area, Fargo, ND.

McDonald, K., Parent Education and Training, (Jan. 11), students and professionals, Grand Forks, ND.

McDonald, K., Communicating with Children, (Jan. 18), college students, Moorhead, M

McDonald, K., Services at Southeast Mental Health Center, (Feb. 8), ministers, Fargo, ND.

DuBord, P., Behavior Management, (Feb. 12), radio audience, Fargo, ND.

DuBord, P., Parent Support Groups, (Feb. 12), occupational therapists, Moorhead, Mn.

DuBord, P., P.L. 94-142, (Feb. 1), parents - professionals, Fargo, ND.

DuBord, P., Parenting Skills, (Apr. 3), nurses, Fargo, ND.

DuBord, P., Parenting for Teenagers, (Apr. 10), high school students, Fargo, ND.

DuBord, P., Parenting Skills, (Apr. 10), parents, Fargo, ND.

DuBord, P., Behavior Management, (Apr. 16), parents, Clifford, ND.

DuBord, P., Parenting Skills, (Apr. 23), parents, Fargo, ND.

DuBord, P., Children's Services, (Apr. 26), students, Fargo, ND.

DuBord, P., Parenting Classes, (May 11), doctors and nurses, Minneapolis, Mn.

DuBord, P., Children's Services, (May 17), nurses, Fargo, ND.

DuBord, P., Assessment of Center, (May 21), CDFR instructors, Fargo, ND.

DuBord, P., Fargo Public Schools, (May 22), parents, Fargo, ND.

Bullett, J., Speech and Language Disorders of Autistic Children, (May 31), TV audience, Fargo, ND.

Hoehle, W., UAP Meetings, (Jan. 10,11,12), professionals, Denver, Co.

Hoehle, W., Title VI-B Advisory Council, (Jan. 18), professionals and parents, Mandan, ND.

Hoehle, W., Easter Seals Telethon, (Jan. 24), lay, Fargo, ND.

Hoehle, W., Handicapped School Age Children, (Jan. 30,31, Feb. 1,2), Directors, Special Education, Vocational Rehabilitation, Washington, D.C.

Hoehle, W., Behavioral Intervention Techniques, (Mar. 1,2,3) professionals, students, parents, paraprofessionals, Vermillion, S.D.

Hoehle, W., Bismarck Early Childhood Education Program, (Mar. 5&6), professionals, Mandan, ND.

Hoehle, W., Easter Seal Telethon, (Mar. 25), TV audience, Fargo, ND.

Hoehle, W., April Workshop, (Apr. 11), TV audience, Fargo, ND.

Hoehle, W., Center Children's Services Program, (Apr. 23), professionals, Bismarck, ND.

Hoehle, W., Interagency Coordination, (June 11 & 12), professionals and parents, Bismarck, N.D.